



2021-2022 Professional Judgment Worksheet

Student ID Number: _____

Name: _____ Telephone Number: _____

CCCS E-Mail: _____ Other E-Mail: _____

2021-2022 financial aid eligibility is based upon the information you provided on the 2021-2022 Free Application for Federal Student Aid (FAFSA). A request for professional judgment is appropriate when you, your spouse or your parents experience a change in income that was reported on your original financial aid application. This request must include a written statement, attached to this document that discusses the reason for the requested change as well as a copy of your 2019 and 2020 federal tax transcript or a signed tax return. This request form, along with SUPPORTING DOCUMENTATION, (proof of sources of income listed) must be submitted to the Office of Financial Aid. A request without documentation will not be considered.

Students will be notified in writing when a decision is made. This notification may be in the form of an award letter and/or corrected Student Aid Report. Each request will be reviewed on a case by case basis. Approval or denial of the appeal will be determined by a Financial Aid Officer and is final. Approval of this application does not guarantee that you will receive any additional financial aid.

I, my spouse or one of my parents (if dependent) has experienced a change in income from work.

Effective Date: _____ Who has experienced the change of income from work? _____

I, my spouse or one of my parents (if dependent) has had a change in income, other than from work, since 2020 (loss of unemployment, TANF, child support, social security, one time income, etc.). Please provide documentation of the change. (i.e.: letter from the Social Security Administration, court order for child support, etc. If request is based upon the loss of "one-time" income, please attach a copy of the 2019 federal tax transcript showing the income and provide a letter explaining how the income was spent or why it is no longer available for your use to meet educational expenses.

I, my spouse or one of my parents (if dependent) has high medical or dental expenses in excess of 11% of my/their 2020 or 2021 Adjusted Gross Income which may affect my financial picture. (Please provide copies of all medical bills paid in the 2020 or 2021 calendar year along with a summarized coversheet listing names and totals.)

I, my spouse or one of my parents (if dependent) has other circumstances which should be taken in to consideration. Please provide a detailed letter of explanation and full documentation of the circumstance. Do not include credit card debt, house payments, car payments, etc.

Student Signature: _____ Date: _____

Spouse/Parent Signature: _____ Date: _____

For Financial Aid Office Use Only:

Professional Judgment Request approved/denied by: _____ Date: _____

Secondary Review conducted by: _____ Date: _____

Comments: _____



SOURCES OF INCOME (proof of sources of income listed) Do not leave any sections blank. Write "0" if income type does not apply	Parent(s)		Student (and Spouse)	
	Actual 2021 year-to-date income (not monthly)	Expected total 2021 income	Actual 2021 year-to-date income (not monthly)	Expected total 2021 income
2021 income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include work-study earnings.	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Student \$ _____ Spouse	\$ _____ Student \$ _____ Spouse
Interest and dividend income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____	\$ _____
Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers	\$ _____	\$ _____	\$ _____	\$ _____
Capital gain and/or other gains	\$ _____	\$ _____	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form			\$ _____	\$ _____
Alimony/maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Other income, including rental income (list type)	\$ _____	\$ _____	\$ _____	\$ _____
Taxable social security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$ _____	\$ _____	\$ _____	\$ _____
Combat pay – only the portion that will be taxed. Use the most current Leave Earnings Statement. Take total combat pay and subtract untaxed portion)	\$ _____	\$ _____	\$ _____	\$ _____
Veterans' non-education benefits *(see below)	\$ _____	\$ _____	\$ _____	\$ _____
Child support RECEIVED for all children	\$ _____	\$ _____	\$ _____	\$ _____
Other untaxed income and benefits* (see below)	\$ _____	\$ _____	\$ _____	\$ _____
Child support you have to PAY in 2021	\$(-)	\$(-)	\$(-)	\$(-)
Earnings from federal or state work-study programs	\$(-)	\$(-)	\$(-)	\$(-)
TOTAL EXPECTED 2021 INCOME	\$ _____	\$ _____	\$ _____	\$ _____

* Include 2021 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans; deductible IRA and/or Keogh payments; tax exempt interest income; foreign income; housing, food, and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); workers' compensation; veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC); any other untaxed income and benefits such as VA Educational Work-Study allowances, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc.

Do not include student aid; payments & services received for foster care or adoption assistance; per capita payments to Native Americans; heating/fuel assistance; flexible spending arrangements; welfare benefits; untaxed Social Security benefits; earned income credit; additional child tax credit; combat pay; foreign income exclusion and credit for federal tax on special fuels; Workforce Investment Act educational benefits or in-kind support. Examples of in-kind income would be food stamp program; WIC; food distribution program; National school Lunch & school breakfast programs; commodity supplemental food program (CSFP); special milk program for children; daycare provided by Social Services Block Grant Programs; WIA (formally JTPA) educational benefits; and rollover pensions.



(proof of sources of income listed)

___ The Student’s written statement describing the change since becoming unemployed. How the student/family supported/will support themselves from _____ - _____?

___ Layoff letter

___ Unemployment letter (‘Monetary Determination of Unemployment Insurance Benefits’ or ‘Statement of Wages and Potential Benefits’)

___ Very last paycheck stub that you received pay for (circle) student/spouse/dad/mom (must show year-to-date wages earned and any vacation & severance paid out)

___ If you have your own business (or are considered ‘self-employed’), please bring in a spreadsheet of the income you have earned and will possibly earn for the rest of the year. Also, estimate the business deductions for the 2020 year the best that you can. The goal is to guess what you will report on Schedule C of your 1040 for 2021.

___ Copy of bank statements checking, savings, investments as of the day of your next appointment.

___ Copy of student’s 2019 and 2020 Federal Tax Transcript filed signed (you may have already submitted a copy)

___ Copy of parent’s 2019 and 2020 Federal Tax Transcript filed signed (you may have already submitted a copy)

___ Copy of the Legal Separation/Divorce Decree

___ Verification Worksheet for Independent

___ Verification Worksheet for Dependent

___ Copy of your DD214 – (Member 4) showing ‘honorable discharge’

___ LES – month that you were discharged from the military (refer to DD214 for separation date)

___ 2021 (circle) child support paid/received, disability payments received, worker’s compensation, or “money paid under the table”

___ If no income from work or unemployment benefits, bring in documentation of how you will live for the next 12 months from your last day of work. (Example, VA educational benefits, Voc Rehab, state/federal assistance). Cashed in your 401K/IRA, sold items.

___ Others (listed): _____

Please do not hesitate to bring any other documentation that may support the change that has occurred even if it is not listed above. Circumstances are different for each person and the documentation will vary from person to person.

For Financial Aid Use Only:

FAFSA selected for verification: YES/NO COF: Yes/No Authorize: Yes/No Residency: Res/Non