

Professional Judgment Request 2021-2022

EOU Financial Aid Office

Student Name:	EO	U SID: 910	-	
EOU email:	@eou.edu	Phone:		
When your financial aid was determinformation you provided on the Free assembly sometimes experiences extenuating coastudent's education. This form is to	Application for Federal Sircumstances that affect	Student Aid (FAFSA t its ability to cont	A). Unfortunately, a	family
A financial aid administrator may use law, to adjust certain data elements (EFC). Your request will be given care aid administrator is NOT required to ac does not guarantee an increase in fun	on your FAFSA and receful consideration and values awards. Making a r	alculate your expension	ected family contrib ocessing time. A fin	bution nancial
THIS APPEAL WILL NOT BE CONSIDERE verify (prove) what you state as your rwill result in your appeal being denie email regularly. A professional judgmare final, the notification of which will	reasons for the appeal. ed. Additional document nent can take up to 30 b	Failure to provide antation may be re ousiness days to co	adequate documen equired. Check you	itation ir <i>EOU</i>
☑ Checklist of what you need to sub	mit:			
 All professional judgment request needed to verify your specific situal. 2021-22 In/Dependent Verific required by the respective VW Relevant 2019 W-2(s), Schedum DETAILED letter explaining your specific situation. 	uation are included with cation Form (VWS), white S. Use C, F and/or K-1, for	th this signed cover the includes all doc the person(s) who	r page: rumentation ose income changed	
by the author.	(,,g	_
Each person signing this PJ request co judgment is complete and correct. Be giving false or misleading information	ecause this information	may affect federa	l aid eligibility, purp	
Parent's Signature (for dependent student	ts) Student's Signature	2	Date	
Review the situations on the following needed documents with your signed			nclude those additior	nal,
Institutional Use Only				
□ Approved TRN EFC				date
□ Denied □ RRAAREQ □ ROASTAT □ RNANA22 (□ EFC Reca		EOG □ FWS) □ RHACON		EMAIL MMP

EOU SID: 910 PROFJD 22 .02							
Please put the student's name and ID number on all attached documents to prevent processing delays.							
SUBSTITUTE BASE FAFSA YEAR							
If your family's income has changed AND if your family's <u>anticipated</u> income during the 2021-22 AY is accurately reflected							
by the current year's tax return, please include the following documents for the individual(s) with	the change:						
Documentation Needed: Parent(s), if applicable	Student (and Spouse)						
2020 (through 4/15/2022) or 2021 (after 2/1/2022) Tax Return Transcript 2020 (through 4/15/2022) or 2021 (after 2/1/2022) Wage & Income Transcript							
2020 (through 4/15/2022) of 2021 (arter 2/1/2022) wage & medite transcript	<u>_</u>						
LOSS OF EMPLOYMENT							
That took place for at least 13 consecutive weeks after January 1, 2020.							
Documentation Needed:							
Official documentation verifying date of job loss (e.g. severance letter, unemployment decision, e							
Final paycheck stub(s) from lost job (or a letter from your last employer stating the date your employment ended and year-to-date earnings) and most recent paycheck stub(s) of any and all employment.							
Unemployment history summary reporting benefits received to date and balance remaining or a	signed statement that						
you did not or will not receive unemployment benefits.	on Calanado la IV d						
☐ If you filed jointly in 2019, your and/or your spouse's 2019 W-2(s), Schedule C, Schedule F, and/o☐ If employed after job loss, please include a letter from current employer with your start date, how							
Copy of DD214 if your request is due to discharge from active military duty.	, ,.						
LOSS/REDUCTION OF SELF-EMPLOYMENT INCOME							
The loss or reduction of gross income that took place for at least 13 consecutive weeks after Janu	ary 1, 2020.						
Documentation Needed: ☐ Statement indicating date of self-employment loss or reduction.							
For loss of self-employment income: Income Statement showing net earned income for the 2020	0/2021 tax year(s).						
For reduction of self-employment income: Pro Forma Income Statement projecting income for t							
☐ If employed after loss of self-employment income, please include most recent paycheck stubs of	any and all employment.						
REDUCTION OF INCOME							
Check all that apply:							
REDUCTION IN WAGES/HOURS							
Current employer has reduced wages and/or hours for at least 13 consecutive weeks.							
Documentation Needed:	, ,						
 Documentation from employer verifying change in employment status (e.g. furloughed, new of pay) and listing the effective date of change. 	v average hours/new rate						
Copies of paycheck stub(s) received before reduction and three most recent paycheck stubs	since reduction.						
NEW JOB WITH REDUCED WAGES							
You, your spouse or your parents, if dependent, no longer work for the employer(s) worked for	or in 2019.						
Documentation Needed:	ing the data ampleument						
 Copy of employment termination letter and last pay stub or a letter from last employer stati ended and year-to-date earnings. 	ing the date employment						
☐ Copy of the three most recent pay stubs from the new employer.							
☐ Letter from new employer stating new rate of pay, average hours worked and date of hire.							
DEPENDENT STUDENT'S PARENT HAS RETIRED							
Documentation Needed: Documentation of monthly income sources for all retirement income including Social Secur	ity if applicable						

		PROFJD 22 .03 ut the student's name and ID number on all attached documents to prevent processing delays.
		REDUCTION IN SUPPORT/BENEFITS
		You, your spouse or your parent(s), if dependent, lost support or benefits outside of employment (i.e. child support, alimony, unemployment, workers' compensation, Social Security benefits, etc.). Documentation Needed:
	_	Third-party, official documentation reporting monthly benefit amount and the date income or benefit was terminated/exhausted, or
L		Third-party, official documentation reporting original amount, date of reduction and the new, reduced amount.
	П	DUE TO MEDICAL LEAVE
		You, your spouse or your parent(s), if dependent, lost income due to medical leave related to the illness or injury of an immediate family member of the student (or spouse, if applicable). Documentation Needed:
		Doctor's note indicating illness/injury related to loss of income and dates surrounding medical leave. Disability, workers' compensation or other applicable documentation showing any income generated while on
		medical leave, as a result of medical leave. Last full paycheck stub before medical leave of employee who lost income.
		E-TIME, TAXABLE INCOME ck all that apply:
Ī		
	Н	WITHDRAWAL OF IRA/PENSION/ANNUITY You, your spouse or your parent(s), if dependent, made a withdrawal/took a distribution of a pension due to hardship
		(e.g. loss of employment, medical expenses). Documentation Needed:
		Copy of confirmation of distribution from IRA, pension or annuity account (i.e. receipt). Proof of payment and an itemized statement showing how the funds were spent.
		TRADITIONAL IDA COMMERTER TO ROTU IDA IN 2010
	Ш	TRADITIONAL IRA CONVERTED TO ROTH IRA IN 2019 Documentation Needed:
		Copy of 1099R or other financial document showing the amount of the conversion.
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		SETTLEMENT OR BACK-YEAR SOCIAL SECURITY PAYMENTS
		If you received a one-time, taxable, lump sum payment, please include with your explanation the following. Documentation Needed:
		Documentation to identify the source of the income. Proof of payment and an itemized statement showing how the funds were spent.
L		gg
	DΙV	ORCE/SEPARATION
		or your parents divorced or separated after the FAFSA was completed.
		cumentation Needed:
		separation: A signed statement indicating the date of separation AND two official documents (e.g. copy of lease, utility driver's license, etc.) verifying the physical address of the absent spouse/parent (no P.O. boxes).
		divorce or legal separation: a copy of the divorce decree or legal separation papers, or a letter from an attorney
	stat	ing marital status of parties involved.
	DE	ATH OF PARENT OR SPOUSE
		r spouse/parent passed away after the FAFSA was completed.
		cumentation Needed:
	Сор	y of the death certificate or a published newspaper obituary with date of death.

EOU SID: 910 Please put the student's name and ID number or	n all attached document	s to prevent proce	ssing delays.	PROFJD 22 .04			
If you, your spouse or parent(s), if dependent Documentation Needed:		e 2019.					
☐ Workers' compensation or long-term disabi☐ Income from all sources earned and untaxe	 Medical documentation of disability and any benefits received as a result of the disability. Workers' compensation or long-term disability documentation with amounts and duration of payments. Income from all sources earned and untaxed for the current calendar year. 						
UNUSUAL, NECESSARY MEDICAL/DE Medical and/or dental expenses that were preimbursed) for you, your spouse (if application of your IPA for your family size and number of your IPA for your family size and number of your family size and your family s	oaid out-of-pocket in 20. ble) and/or your parent(nber in college (Table 4	(s)/sibling(s), if dep or 5 in the EFC For	endent. Only amod <mark>nula</mark>) will be consid	unts greater than Iered.			
 □ A copy of Schedule A from your 2020, 2021, OR □ Copies of canceled checks for out-of-pocket □ A copy of your FSA or HAS account showing 	payments and/or recei	pts of <u>payments</u> .					
PRIVATE SCHOOL TUITION Only elementary/secondary <u>tuition</u> expenses paid for in 2020, 2021, or 2022 will be considered, not college tuition. Documentation Needed:							
 Documentation of tuition <u>paid</u> on letterhead or a bill with the names of the children who attended (fees, books, supplies, etc. cannot be included in this amount). Bills not yet paid will not be considered. Dependent students: tuition paid for siblings only. Independent students: tuition paid for dependent children only. 							
If you need to estimate your income for the next 12 months, instead of basing it upon year-to-date, please complete this section with projected amounts and relevant time frames. All numbers must match documentation that you submit. All line items must have supporting documentation as to how you came to that number. Some sources of income that you might be expecting to receive could be □ wages, salaries & tips, □ severance pay, □ interest and dividend income, □ alimony, □ business or farm income, □ partnership and/or S-corporation income, □ capital gains, □ pensions & annuities, □ Social Security benefits, □ retirement, □ disability, □ rents and royalties, □ workers' compensation, □ unemployment, □ veteran's non-education benefits, □ deductible IRA/Keogh payments, □ public assistance (e.g. SNAP, TANF, Medicaid or SSI, etc.), □ child support, □ living and housing allowance for military or clergy, □ money received or paid on your behalf by someone else, and □ more.							
Please complete all relevant columns (i.e. the Income Source Date Range	individual(s) with the in Student	come change) with Spouse	amounts for the d Parent One	ate range given. Parent Two			
Date Adlige	Studelit	Spouse	i arent one	i diciit i wo			
TOTAL	\$	\$	\$	\$			

EOU SID: 910 PROFJD 22 .05 Please put the student's name and ID number on all attached documents to prevent processing delays.
PARENT IN COLLEGE Parent(s) must be enrolled at least half-time in a degree, certificate, or other program leading to a recognized educational credential at an institution with a PPA under section 487 of the Higher Education Act of 1965, as amended (HEA). Documentation Needed:
☐ Verification of enrollment from the Registrar's Office of the university or college that the parent attends.
ANOTHER SITUATION NOT COVERED ABOVE If your special circumstance is not covered above, please document it as well as you can and forward everything to the Financial Aid Office for further review. Some things we will not consider are things like the loss of windfall income (e.g. lottery, gambling or bonus income), reductions in overtime pay, and expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage, loan payments, legal expenses, and other discretionary expenses). Documentation Needed:
Professional judgment (PJ) is a process in which financial aid administrators evaluate a student's situation on a case-by-case basis due to unusual circumstances unique to the student's family. The evaluation process compares your current situation to the FAFSA year of record. Adjustments to your FAFSA could result in an increase or decrease in EFC and corresponding aid eligibility, but will more accurately reflect your family's ability to pay in the current academic year (AY). The Financial Aid Office (FAO) is accountable to the U.S. Department of Education (ED) for all adjustments made, and the reason for any adjustment must be relevant to your special circumstance, and be well documented. A student must have a verified FAFSA on file with Eastern Oregon University (EOU). If a FAFSA has already been submitted, but was not selected for verification, the student must still complete the verification process. Students should continue the enrollment process of registration and completing financial aid requirements, and should not wait on the outcome of a PJ before completing these items. Not registering and/or not adhering to payment schedules may result in late fees, loss of housing preference, loss of schedule, etc. Students should regularly check their Webster and EOU email for updates or additional documentation requests.

All submitted documentation becomes part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for privacy under federal law (FERPA).

FAA References:

Please refer to the guidance in Dear Colleague Letter GEN-21-02 (GEN-09-05 no longer applies) concerning the use of professional judgment (PJ) for persons who are receiving unemployment benefits in a period of economic hardship.

FSA Partners Library – Professional Judgment

NASFAA AskRegs and Reference Desk

Please submit to: EOU FINANCIAL AID OFFICE, INLOW HALL # 104, ONE UNIVERSITY BLVD, LA GRANDE, OR 97850-2807

Fax: 541-962-3661; eFax: 541-962-3095.

More financial aid information at eou.edu/fao.

Secure Document Upload: https://static.eou.edu/share-file/financial-aid.html