

2018-2019 Professional Judgment Application for Independent Students

PLEASE COMPLETE USING BLACK OR BLUE INK ONLY!

| Student Name | | Student ID#_ | | | |
|--------------|--------------|--------------|-------|----------|--|
| Last | First | MI | | | |
| Address | | | | | |
| Street | City | | State | Zip Code | |
| Telephone () | HGTC E-mail_ | | | | |

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. The Financial Aid Office (FAO) requires that you provide certain documents to support your claims of special circumstances. The review process begins with an evaluation of the accuracy of the information you submitted on your Free Application for Federal Student Aid (FAFSA). The FAO will evaluate the documents you submit along with your FAFSA information to determine if you are eligible for any financial aid adjustments.

The U.S. Department of education provides in the "Higher Education Amendments of 1998" a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student's eligibility. If you meet a special circumstance requirement in the 2018-2019 award year, your eligibility may be recalculated using expected income for 2018.

THINGS TO REMEMBER:

- You must submit a copy of your 2016 federal tax transcript, including all schedules. The transcripts can be ordered from www.irs.gov or 800-908-9946. If you and your spouse filed separately, please provide transcripts of both returns.
- You must submit 2016 W-2s and/or 1099 forms with this form.
- Complete and submit the 2018-2019 Verification Worksheet.
- Your request will not be considered if the required information is not provided.
- Please allow 4-6 weeks for processing of this request.
- We recommend you complete your current award requirements & accept any current financial aid that you wish to use to satisfy your bill. Due to the nature of the Professional Judgment process your request may not be completed before the payment deadline. You must satisfy your semester bill even if your Professional Judgment application has not been reviewed or finalized. Your registration will be cancelled if your bill is not satisfied by the payment deadline.
- **Applications submitted** *after January 1, 2019 must include* copies of 2018 W-2's and or 1099 forms.
- **Applications submitted** *after March 1, 2019 must include* complete signed copies of 2018 federal tax returns with all schedules, 2018 W2-s and or 1099 forms.
- All documentation must be submitted within 10 business days from the date of notification.
- Complete only the sections that apply to your situation and provide all required documentation.
- If additional information is required, you will be notified by our office.

| Student Name | | Student ID_ | |
|--------------|-------|-------------|--|
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Step 1. Explanation of Your Special Circumstance

Provide a DETAILED LETTER of explanation of your current situation, explaining what you are asking us to consider, and what has changed financially between 2016 and 2018. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment Application will be denied due to the application being incomplete.

Step 2. Required for ALL Professional Judgments - Verification information: The 2018-2019 Verification worksheet ☐ A copy of your 2016 Federal tax transcript and W2s. The transcripts can be ordered from www.irs.gov or 800-908-9946. If you and your spouse filed separately, please submit transcripts of both returns. Step 3. Information Required for Review of All Special Circumstances Expected 2018 taxable & nontaxable income & benefits: Student **Spouse** Expected 2018 income from work \$ \$ Expected 2018 U.S. income tax to be paid \$ \$ Expected 2018 unemployment benefits \$ \$ Expected **2018** amounts from other taxable income & benefits \$ \$ Expected 2018 amounts from untaxed income & benefits \$ STEP 4. EXPLANATION OF CIRCUMSTANCES AND ADDITIONAL REQUIRED DOCUMENTS Check the box that corresponds to your situation and provide the documentation listed whenever applicable. A. Student or spouse total loss of employment for more than 10 consecutive weeks in 2018. Termination or cessation of employment for ______weeks in 2018. Required documentation: Employer's written documentation of termination/cessation of employment Copy of most recent paystubs or statement of earnings to date for all 2018 employment (student & spouse) Notice of application for unemployment compensation and amount received to date in 2018 Documentation of all other sources of student and spouse income (taxable and non-taxable) Total loss of employment due to disability or natural disaster for at least 10 weeks in 2018. Number of weeks in 2018: _____. Required documentation: Attending Doctor's statement of disability Notification of Worker's Compensation Documentation of employer disability payments Documentation of date disability or natural disaster resulted in termination of employment Documentation of Official Declaration of Natural Disaster status Student ID Student Name First MI Last

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| | udent or spouse had total loss tion benefits. | of an untaxed income or b | enefit. Don't include VA | | | |
|-----------------------------|--|--|---|--|--|--|
| | Loss of Disability benefit. Las | t Date Received | Please provide the | | | |
| | following: | | | | | |
| | Copies of most recent earnings to date | fication of loss of benefit paystubs or statements of stuother sources of student & sp | ndent's & spouse's 2018 souse income (taxable and non- | | | |
| | Loss of Unemployment compo | ensation, Last Date Received | l | | | |
| | Submit notice of application for unemployment compensation and calendar year amount received to date | | | | | |
| | Loss of Court Ordered Child S | Support, Last Date Received | | | | |
| | Submit Court documents verifying loss and the date and conditions | | | | | |
| C. Yo | ou have already filed your FA | FSA or Renewal FAFSA a | nd, since that time: | | | |
| | Your spouse has died. Date of Required documentation: | D/YYYY f Death MM/DD/YYYY I separation or divorce decre | e/settlement OR | | | |
| D. O | ther: | | | | | |
| | Submit a Letter of explana | ation regarding your particula | ar situation and documentation. | | | |
| applic mislea \$20,00 | Tication Statement: I swear under ation is true to the best of my knownding information in an attemption and/or incarceration. I unsult in denial of this application. | owledge. <u>I understand that p</u> t to obtain federal financial | roviding intentionally false or aid can result in a fine of up to | | | |
| Print | Student's Name | Student Signature | Date | | | |
| Stude | nt ID | | | | | |

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