

2020-2021 Professional Judgment: Income Reduction

A. Student Information:

Student's Name _____

UHC ID _____

B. General Information for Requesting a Dependency Status Override

There are instances when a student's Free Application for Federal Student Aid (FAFSA) may not reflect the family's current situation. These are special circumstances that can be considered that may impact the student's financial aid eligibility. In these rare cases, a financial aid administrator may exercise professional judgment to adjust the student's Cost of Attendance or the data that determines the student's Expected Family Contribution. There must be a significant change to the family's income to be considered for a Professional Judgment. Commonly, the reduction to the family's income is a result of one or more of the following scenarios:

- An extended period of loss or change in employment and/ or significant change in income
- Divorce or separation
- Death of a parent or spouse
- Reduction in child support
- Unusual out-of-pocket medical and/or dental expenses that exceed 11% of the Family's Adjusted Gross Income

C. Supporting Documentation

To be considered for an Income Reduction, students must submit this application, along with all supporting documentation to the Office of Financial Aid.

Your request will need to include the following:

- Income Reduction Form (see attached)
- Most recent IRS Federal Tax Transcript & W2's for student (spouse or parent(s) if applicable)
- Most recent pay stubs for student (spouse or parent(s) if applicable)
- Completed Food Stamps and/or Child Support Paid if applicable
- Signed & dated DETAILED (dates and amounts) statement explaining current situation and the reason for requesting a Professional Judgment

D. Acknowledgement

I am requesting that the Office of Financial Aid at University of Holy Cross consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the University of Holy Cross only. I agree to provide any documentation requested by the Office of Financial Aid if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student's Signature _____ Date _____

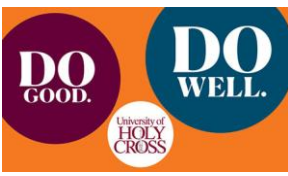
Return form to:

Office of Financial Aid, University of Holy Cross
4123 Woodland Dr.
New Orleans, LA 70131

-Or-

FAX: (504) 392-9460

E-Mail: FinAid@uhcno.edu



2020-2021 Income Reduction Form

Student's Name _____

UHC ID _____

The student's income and/or the spouse's or parent's income will be less in 2020 than in 2018 for any of the following reasons: (please circle the appropriate reason.)

- Unemployment or change in employment
- Divorce/Separation
- Death of spouse or parent
- Disability of student, spouse or parent
- One-time income (example: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution.) Source _____ \$ _____ Date Received _____
How funds were spent/invested _____

Complete the following income information. If you, or your parents, are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

Attach pay stubs and/or other documentation that includes any monies received from 1/19-20. Estimate future income from date of submission of Income Reduction form to end of year.

Anticipated income for the period January-December 2020	Parent/Spouse	Student
Wages, salaries, tips (including severance pay, disability payments and any income from work)		
Other taxable Income:		
Unemployment		
Pensions/Retirement Income		
Untaxed Income:		
Tax Deferred Pensions/Retirement Savings Plans		
Aid to families with dependent children (AFDC)		
TANF		
SNAP		
HUD		
Child support received		
Non-education Veteran's Benefits		
Social Security		
Total anticipated income		

By signing this worksheet, I certify that all the information reported to qualify for Federal Student Aid is complete and correct.

*Dependent students MUST include parent(s) signature(s).

Student's Signature _____

Date _____

Parent(s) Signature _____

Date _____

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