

University of La Verne

2021-2022 Professional Judgement Request

The University of La Verne's Office of Financial Aid recognizes the formula used to calculate your Expected Family Contribution (EFC) may not accurately reflect special circumstance for individual students and/or families. Financial Aid Counselors have the authority to take into consideration unique family circumstances not reflected on the Free Application for Federal Student Aid (FAFSA). If you feel you have extenuating or unusual circumstances (see list on the back page) that affect the income or data reported on your FAFSA, please submit a Professional Judgment Request and include proper documentation of your circumstance as listed. A review of your situation does not guarantee an adjustment in your financial aid eligibility. Failure to submit appropriate documents in a timely manner will delay the processing of a decision. Include your Student ID on all documents.

Please check your student email for correspondence from our office.

Student Information

Student ID: _____ Date of Birth: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Step 1: For the person(s) affected by the special circumstances, please provide a detailed personal letter of explanation of the changes that occurred. The statement must include:

- **Employment change:** Statement should explain the dates of employment, time periods in which reduction or loss of wages occurred
- **Income/Benefits Loss:** Statement should explain the dates income/benefits began and when it ended
- **Divorce/Separation:** Statement should include the date of the divorce or separation. It should also include amounts and dates on which any additional income is to be received. This may include alimony, child support, etc.
- **Exceptional Medical/Dental expenses:** Statement should include amounts paid for medical/dental expenses that were NOT covered by medical insurance

Step 2: Please identify the special circumstances(s) from the list below and check the applicable box (es) for the person(s) affected. *Additional documents may be requested.*

Special Circumstance	Explanation	Person(s) Affected	Required Documents
Employment Change	Student/spouse and/or your parent(s) had a significant loss of income in 2020, 2021 and/or 2022 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.	Student Spouse Parent	<ul style="list-style-type: none"> • 2019 and 2020 IRS Tax Return Transcripts • W-2s and/or 1099 statements • Unemployment payment record • Letter from employer(s) on letterhead, certifying the last date of employment or reduction of work hours or pay rate
Income Loss	Student/spouse and/or your parent(s) earned income in 2019, but have not been able to earn income in 2020, 2021, 2022 because of a disability or natural disaster that occurred in 2020 or 2021.	Student Spouse Parent	<ul style="list-style-type: none"> • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 statements • Unemployment payment record • Letter from employer(s) on letterhead • Certification of last date of employment or reduction of work hours or pay rate
Benefit Loss	Student/spouse and/or parent(s) received unemployment compensation and/or untaxed benefit in 2019 or 2020, but have completely lost the Benefit in 2020, 2021 and/or 2022. The untaxed income or benefit must be from a public or private agency, from a company or from an authorized Individual due to a court order.	Student Spouse Parent	<ul style="list-style-type: none"> • Statement from agency with effective dates of benefits
Divorce/ Separation	Student or parent separated or divorced after filing a FAFSA	Student Spouse Parent	<ul style="list-style-type: none"> • 2019 and 2020 IRS Tax Return Transcripts, W-2s and/or 1099 • Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease indicating period of separation). • Lease with dates that include the period of separation
Death	Death of spouse or parent after filling a FAFSA	Student Spouse Parent	<ul style="list-style-type: none"> • Copy of death certificate Social Security Benefits (if applicable) • Most recent paystubs
Exceptional Medical/Dental Expenses	An unusually high amount of medical/dental expenses paid out of pocket during 2019 (does not include payments made by insurance)	Student Spouse Parent	<ul style="list-style-type: none"> • 2019 and 2020 IRS Tax Return Transcripts, • W-2s and/or 1099 statements • Medical/dental expenses should have receipts

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Step 3: CERTIFICATION

I declare with my signature below, that the information I am providing is true and correct. At the end of the calendar year, I authorize the Office of Financial Aid at the University of La Verne to verify my income with the appropriate agencies. I understand that if the University of La Verne determines that the information was not accurate, I may be required to REPAY any additional financial aid I have received as a result of the this request. I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted and that I am responsible for any outstanding balance owed to the university.

Student's Signature: _____ Date: _____

Parent's Signature (If Applicable): _____ Date: _____

You may submit this document by uploading it to our office.