

2021-2022 Professional Judgment Independent Student Application

Name _____
please print

Banner ID _____

Bravemail _____@bravemail.uncp.edu

Phone _____

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. Professional Judgment refers to the school’s authority to make adjustments to the data elements reported on the Free Application for Federal Student Aid (FAFSA) so that the Department of Education can recalculate the Expected Family Contribution (EFC). The EFC is the number that the school uses to determine a student’s eligibility for need-based financial aid. The school does not have the authority to make direct adjustments to the EFC and can only change data elements that may change the EFC.

The Office of Financial Aid (OFA) requires you to provide certain documents to support your claim of special circumstances. The review process begins with an evaluation of the accuracy of the information you submitted on your FAFSA. The OFA 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 or your spouse meet a special circumstance requirement in the 2021-2022 award year, your eligibility may be recalculated.

Please Note

- Only submit this form if it is complete, including all required documentation and signatures
- Incomplete Professional Judgment Applications will not be considered
- Complete Step One, Step Two and Step Three of this form
- **Do not submit before June 1, 2021. Applications will not be accepted prior to 6/1/2021**
- Processing time for the Professional Judgment Application takes **4-6 weeks**. *Submission of the Professional Judgment Application in no way guarantees an adjustment to the student’s financial aid and does not waive payment deadline dates. We recommend that the student complete all current award requirements and accept any financial aid that the student wishes to pay his/her bill.*

STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. 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 as the application will be incomplete.

STEP TWO: Projected Year Income

Complete this section to the best of your ability to predict your 2021 income	Student	Spouse
Expected 2021 income earned from work	\$	\$
Expected 2021 U.S. income tax to be paid	\$	\$
Expected 2021 unemployment benefits	\$	\$
Expected 2021 other taxable income and benefits type: _____	\$	\$
Expected 2021 untaxed income and benefits type: _____	\$	\$

*This publication is available in alternative formats upon request.
 Please contact the Accessibility Resource Center, D.F. Lowry Building, 910-521-6695.*

STEP THREE: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2020 or 2021 but are not working full-time now. <input type="checkbox"/> Your spouse was employed full-time (at least 35 hours per week) for at least 30 weeks in 2020 or 2021 but lost employment for at least 10 consecutive weeks and is not working full-time now. <input type="checkbox"/> You or your spouse lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2020 or 2021. This situation must be a total loss of employment Number of weeks unemployed in 2020 or 2021: _____	<input type="checkbox"/> Copies of 2019 and 2020 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2019 and 2020 W-2 and 1099 forms <input type="checkbox"/> 2021-2022 Independent Verification Worksheet <input type="checkbox"/> Employer's written notice of termination of employment <input type="checkbox"/> Copies of most recent pay stubs for all 2021 earnings <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation received <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Attending physician's statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker's Compensation received <input type="checkbox"/> Document Official Declaration of Natural Disaster status
<input type="checkbox"/> You or your spouse had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support Last Date Benefit Received: _____	<input type="checkbox"/> Copies of 2019 and 2020 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2019 and 2020 W-2 and 1099 forms <input type="checkbox"/> 2021-2022 Independent Verification Worksheet <input type="checkbox"/> Benefit provider's notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2021 earnings <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of <i>Benefit Payment History</i> for all unemployment compensation received <input type="checkbox"/> Court documents verifying date of loss of child support
<input type="checkbox"/> You have already filed your FAFSA and since that time: <input type="checkbox"/> You have separated/divorced. Date: _____ <input type="checkbox"/> Your spouse has passed away. Date: _____	<input type="checkbox"/> Copies of 2019 and 2020 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2019 and 2020 W-2 and 1099 forms <input type="checkbox"/> 2021-2022 Independent Verification Worksheet <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of court documented separation/divorce decree <input type="checkbox"/> Copy of spouse's death certificate or obituary

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that completing this form does not guarantee financial aid will be increased. I agree that, if requested, I will provide documentation to support the information provided on this form. I understand that failure to provide the requested information will result in denial of this application. I understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid will review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, I understand that the financial aid administrator's decision is final and cannot be appealed.

Student's Signature_____
Date_____
Spouse's Signature (if applicable)_____
Date