Albany State University

OFFICE OF FINANCIAL AID

2013-2014 Professional Judgment Request Form
Special Circumstances (Loss of Income)

Student's Name: _____ _____ _____ Ram ID#_____
Last First MI

Demographic Information

1. Date of Birth: _____/_____/_____

2. Permanent Street Address: _____

3. Permanent City: _____ 4. State: _____ 5. Zip: _____

6: Permanent Phone#: ( ) _____ - _____ 7. Mobile Phone#: ( ) _____ - _____

8. Email Address: _____ Alternate Email Address:_____

9. Last Semester / Current Semester of Enrollment: _____

By submitting this document, you are applying for Professional Judgment on the basis of Special Circumstances, or changes in your, your spouses, and or your parent(s) (if applicable) income from the 2012 tax year. If you are a Dependent Student that is seeking to change your status from Dependent to Independent, you will need to complete the Professional Judgment request for Dependency Override document.

The Department of Education grants Financial Aid Administrators the ability to make adjustments to the data elements that are used in calculating the EFC as reported on the Free Application for Student Financial Aid (FAFSA). These adjustments are made by using Professional Judgment. These changes must be documented and must relate to your special circumstances. Special Circumstances are conditions that DIFFERENTIATE an individual student, not conditions that exist for a whole class of students. Therefore, adjustments may only be made on a case-by-case basis.

This document cannot be used to increase Federal grant and/or loan awards past their annual/aggregate limits. Professional Judgment cannot be used to circumvent Federal law.

NOTE: All students requesting review of current financial aid status based on special circumstances MUST have completed the 2013-2014 Free Application for Federal Student Aid (FAFSA). This form may be completed online at www.fafsa.ed.gov.

Albany State University

OFFICE OF FINANCIAL AID

SECTION A: Explanation of Special Circumstances

☐ Please provide written statement detailing the specifics of your circumstances and provide any information explaining your and or your parent(s) particular situation.

☐ Please provide separate written statements from 3rd parties (if applicable) that can testify to the special circumstance

Albany State University

OFFICE OF FINANCIAL AID

SECTION B: Special Circumstance (please check which Special Circumstance applies to you. Please provide all documentation that is listed as Required Documentation. Any documentation listed as required, but not submitted will cause a delay in our ability to review your request.

Special Circumstance	For a Dependent Student	For an Independent Student	Required Documentation
❑ Loss of Employment / Income from Work	Your parent(s') or your income earned in the 2013 calendar year will be less than that earned in the 2012 calendar year.	Your (and/or your spouse's) income earned in the 2013 calendar year will be less than that earned in the 2012 calendar year.	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Federal Tax Transcripts • W-2 Wage statements for parent(s)/student • Last pay stub showing year-to-date earnings • Termination notice from employer • Benefit notice from employment office
❑ Loss of Taxable/Untaxed Income • Child Support • Social Security • Worker's Compensation • Alimony	Your parent(s') or your income earned in the 2013 calendar year will be less than that earned in the 2012 calendar year.	You (and/or your spouse) received benefits in the 2012 calendar year which have ceased or been reduced in the 2013 calendar year.	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Federal Tax Transcript • W-2 Wage statements for parent(s)/student • Documentation from agency stating total amount received in 2012 and termination date • Documentation of 2013 updated amount
❑ Legal Separation or Divorce	Your parents have separated or divorced AFTER filing the FAFSA	You and your spouse have separated or divorced AFTER filing the FAFSA	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Federal Tax Transcript • W-2 Wage statements for parent(s)/student • Divorce decree or separation agreement
❑ Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA	Your spouse has died AFTER filing the FAFSA	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Federal Tax Return • W-2 Wage statements for parent(s)/student • Death certificate
❑ Medical/Dental Expense* Check this circumstance if you have excessive medical expenses not covered by insurance: EXPENSES PAID IN CALENDAR YEAR 2012	Your parent(s') or your medical expenses in the 2012 calendar year which exceeded 11% of your total income	Your (and your spouse's) medical expenses in the 2012 calendar year exceeded 11% of your total income	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Federal Tax Return • W-2 Wage statements for parent(s)/student • Payment of medical bills • Letter from insurance company showing medical expenses not covered.
❑ One Time Payment Received	Your parents received a one-time lump sum payment of monies in the 2012 calendar year.	You (and your spouse) received a one-time lump sum payment of monies in the 2012 calendar year.	Complete signed copies of: • 2013–2014 Verification Worksheet • 2012 Wage statements for parent(s)/student • Documents detailing One Time Payment amount, source and reason.

SECTION C: Projected Income and Benefits from January 1, 2013 to December 31, 2013

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	$	$	$	$
Interest and/or Dividend Income	$	$	$	$
Business/Farm Income	$	$	$	$
Unemployment Compensation	$	$	$	$
Worker's Compensation	$	$	$	$
Pensions and/or Annuities	$	$	$	$

Severance Pay	$	$	$	$
Retirement Benefits	$	$	$	$
Social Security/SSI Benefits	$	$	$	$
Child Support	$	$	$	$
Alimony	$	$	$	$
Welfare Benefits	$	$	$	$
Other: _____	$	$	$	$
TOTAL OF ALL INCOME	$	$	$	$

Complete only if your special circumstances is for Medical/Dental Expenses Paid in 2012

Medical/Dental Expenses in 2012 $_____ $_____ $_____ $_____

Complete only if your special circumstance is for a One-Time SUM Payment Received in 2012

Amount of Lump Sum Received in 2012 $_____ $_____ $_____ $_____

SECTION D: Certification Statement:

All of the information on this form is true and completed to be best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not in any way guarantee approval and/or actual changes of the financial aid funds already awarded.

Student Signature _____ Date _____

Spouse's Signature _____ Date _____
(if applicable)

Parent's Signature _____ Date _____
(if student is dependent)

Have you provided the Following?

- ❑ Letter detailing the special Circumstance
- ❑ Appropriate Signatures on ALL forms
- ❑ All Required Documentation as indicated
- ❑ Tax returns, schedules, and W2 Income Statements
- ❑ Separated signed document from a 3rd party (if applicable)
- ❑ Student's Name, RAMID, and Date of Birth on ALL forms