

Professional Judgment Request 2024-2025

A. STUDENT INFORMATION

Name: _____ ACC Student ID#: _____

B. REASON FOR REQUEST

- You can request a Professional Judgment review if something about your financial situation has changed since the tax year used on your FAFSA. **For the 2024-2025 aid year, the tax year is 2022.** Therefore, we will be looking at changes that have occurred **since December 31, 2022.**
- We will review your current situation to see if using the new information will make you eligible for more aid. **Not everyone will qualify for more financial aid.** If you are already receiving the maximum allowable financial aid, we will not be able to make any changes.
- You must complete your 2024-2025 FAFSA and submit all other required documents before we can begin this review. The review time can take up to four weeks, and we may contact you for additional documents or information.

***Please check the applicable box(es) below for things that have happened since December 31, 2022:
(CHECK ALL THAT APPLY)***

- ☐ I got Married
- ☐ I got Separated or Divorced / my parent got separated or divorced
- ☐ My spouse passed away
- ☐ My parent passed away (dependent students only)
- ☐ I changed jobs, became unemployed, or my hours were reduced
- ☐ I had a loss or reduction in TAXABLE Social Security Benefits
- ☐ I had a change in child support or alimony that I paid or received
- ☐ I had non-discretionary medical, dental or disability expenses
- ☐ Other circumstances- please contact the Financial Aid office before submitting this appeal to determine if a professional judgment may be an option

C. REQUIRED DOCUMENTATION

The following are required from all students. Please see page two for other documents we may need.

- ☐ Your 2024-2025 FAFSA and all required documents must be complete before you submit this form.
- ☐ A typed narrative detailing the circumstances leading to you requesting this review. Please be very specific in your narrative. Provide dates, name of employers, if applicable, and clearly identify the person or persons to whom the narrative refers.

Below are some other documents that may apply to your situation.

Recent Change In income:

- A signed copy of your / your parents' 2024 form 1040 and all schedules.
- ***Your*** most recent pay stub from 2024 and the most recent paystub from your parents or your spouse or anyone else in your household with a job in 2024
- Letter of termination from employer, showing date of termination
- Documentation of other income, such as untaxed income, retirement benefits etc.
- Unemployment records (screenshots from the website are fine)
- Letter from employer documenting job change (must include salary or wage information)
- Start date of new employment

Disability, Retirement, or Job Change:

- Most recent pay stub or benefit statement from you, your spouse (if married) or your parent(s) (if dependent)
- Statement of year-to-date retirement plan payments
- Letter from employer showing date employment ended (if due to disability or retirement)

Divorce, Separation, or Death of Spouse:

- Copy of legal document related to requested change (legal notice of separation, divorce decree, death certificate or obituary, etc.)
- Documentation of life insurance benefits receive (if applicable)
- Documentation of child support payments received or paid
- 2022 W-2 forms for the student or the parent on FAFSA (in case of divorce of parents of a dependent student)

Loss or Reduction of Taxable Social Security, Child Support, or Alimony:

- Copy of statement from Social Security Administration documenting the change in benefits
- Copy of legal document reflecting loss or reduction of child support or alimony

Medical expenses:

- Documentation of medical expenses paid (e.g. cancelled checks, receipts, paid medical office statements, paid bills, or benefit statements)
 - This does NOT include insurance premiums. To qualify for an adjustment, it must exceed 11% of the income protection allowance, which we will calculate for you.

D. Attestation and Signature

I certify that I have read this entire document and understand my rights and responsibilities as a student. I understand that the Office of Financial Aid may require more information, and I understand that an incomplete form will not be processed. I understand that I may not receive more aid as the result of this review and that the review is only applicable at Arapahoe Community College.

Student Signature

Date