

Professional Judgment – 2018-2019

STUDENT INFORMATION

Name: _____ ACC Student ID: _____

WHAT IS A PROFESSIONAL JUDGMENT?

Professional judgment involves reviewing your financial aid application when you or your parent or spouse experience a change in income or expenses that was not reflected on your 2018-2019 Free Application for Federal Student Aid (FAFSA). A professional judgment may be granted when changes in income or assets are significant enough to result in increased aid eligibility.

WHAT ADJUSTMENTS MAY BE CONSIDERED?

Adjustments may be considered for loss of income for the following reasons:

- Job termination, reduction of hours worked, or retirement
- Marriage, divorce, separation, or death of spouse after FAFSA filing
- Loss or reduction of taxable social security benefits
- Changes in child support or alimony paid or received
- Adjustments to parent income for non-discretionary medical, dental, or disability expenses paid during the tax year (must exceed 11% of the “Income protection allowance”)
- Other circumstances- please contact the Financial Aid office before submitting this appeal to determine if a professional judgment may be an option

HOW DO I REQUEST A PROFESSIONAL JUDGMENT REVIEW?

Complete a 2018-2019 FAFSA online at www.fafsa.gov. Then, complete this professional judgment form and provide **all** requested documentation as listed on page two. Additional documents may be requested later.

HOW LONG WILL IT TAKE?

Your professional judgment request cannot be processed until your original application for financial aid has been completed and verified. Please allow four to six weeks for processing the request after your original application has been processed and the required documentation has been received.

WILL I GET MORE AID?

If the professional judgment results in increased eligibility for aid, you may receive additional assistance. Adjustment to income, however, does not guarantee that additional aid will be awarded.

Arapahoe Community College Office of Financial Aid • 5900 S. Santa Fe Drive Littleton, CO 80120
Phone: 303.797.5661 • Fax: 303.797.5663 • Email: finaid@arapahoe.edu

Name: _____ ACC Student ID: _____

If you have lost income based on one or more of the following conditions, adjustment to your 2018-2019 FAFSA may be possible if your Expected Family Contribution (EFC) is not already zero. **If your EFC is zero, a professional judgment will not change your eligibility for need-based aid.** If additional documentation is needed, it will be requested via your school email address.

One important thing to remember is that once this application is submitted, your file will be verified to check your initial FAFSA information. This may result in a change to your current eligibility before the professional judgment is even processed. **Note: If you have circumstances that are not listed below, please contact the Financial Aid Office.**

The following documentation is required from all students:

- **Verification of your current FAFSA data:** a copy of your and your parents' or spouse's 2016 federal tax return transcript, which can be obtained at www.irs.gov
- **Verification worksheet**, available at www.arapahoe.edu/forms
- **A typed narrative detailing the circumstances leading to the request for re-evaluation.** Please be very specific in your narrative (i.e. provide dates, name of employers, if applicable, and clearly identify the person or persons to whom the narrative refers).
- **Additional documents as specified below**

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

Loss of income: Letter of termination from employer, showing the date of termination; copy of final pay stub showing 2018 year-to-date income; documentation of other income, such as untaxed income, retirement benefits, severance pay, etc.; income projection form for January 1, 2018 through December 31, 2018 for all individuals whose information is on the FAFSA form: <https://www.arapahoe.edu/sites/default/files/shared/images-pdf/tuition-financial-aid/financial-aid-income-projection-form.pdf>

Disability, Retirement, or Job Change: Letter from employer documenting date employment ended (if due to disability or retirement); letter from employer documenting job change (must include salary or wage information); signed copies of all 2018 federal tax returns once taxes have been filed

Divorce, Separation, or Death of Spouse after Filing: Copy of legal document related to requested change (includes legal notice of separation, divorce decree, death certificate, or obituary); documentation of any life insurance benefits received (if death of spouse) or child support payments (if divorce); 2016 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 Benefits, Child Support, or Alimony: Copy of statement from Social Security Administration documenting change in benefits; copy of legal document reflecting loss or reduction of child support or alimony

Medical expenses: Documentation of expenses paid for the family between January 1, 2018 and December 31, 2018 (e.g. cancelled checks, receipts, paid medical office statements, paid bills, or insurance benefit statements)

Student Signature and Date

Parent Signature and Date (Dependent students only)

Income Projection Form – 2018-2019

Name: _____ ACC Student ID: _____

Please complete this form and submit it with your professional judgment. Provide information below to estimate 2018 income for all individuals whose information is on the FAFSA.

INCOME INFORMATION

List employer(s) from January 1, 2018 through December 21, 2018.

Student Information

Employer Name _____ Dates Of Employment _____

Wage/Salary per hour/month _____ Average hours per week: _____

Spouse's Information (if married):

Employer Name _____ Dates Of Employment _____

Wage/Salary per hour/month _____ Average hours per week: _____

Parent 1 Information (if dependent) Parent's Name _____

Employer Name _____ Dates Of Employment _____

Wage/Salary per hour/month _____ Average hours per week: _____

Parent 2 Information (if dependent) Parent's Name _____

Employer Name _____ Dates Of Employment _____

Wage/Salary per hour/month _____ Average hours per week: _____

List other sources of income (severance, retirement benefits, unemployment compensation) for January 1, 2018 through December 21, 2018:

Source: _____ Amount _____

Source: _____ Amount _____

I affirm that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide documentation of all information on this form.

Student Signature and Date

Parent Signature and Date

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