2015-2016 Professional Judgment Application for Dependent Students

Student Name ______________________________ Student ID# ____________________________
Last       First       Middle

Address
Street       City       State       Zip Code

Telephone (_____) ___________________ HGTC E-mail ____________________________

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. The Financial Aid Office (FAO) requires that you provide certain documents to support your claims of special circumstances. The review process begins with an evaluation of the accuracy of the information you submitted on your Free Application for Federal Student Aid (FAFSA). The FAO 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 meet a special circumstance requirement in the 2015-2016 award year, your eligibility may be recalculated using expected income for 2015.

THINGS TO REMEMBER:

- Student & parents must submit a 2014 federal tax transcript, including all schedules. The transcripts can be ordered from www.irs.gov or 800-908-9946. If your parents are married and filed separately, please provide transcripts for both returns.
- Student & parents must submit 2014 W-2s and/or 1099 forms with submission of this form.
- Complete and submit the 2015-16 Verification Worksheet.
- Your request will not be considered if the required information is not provided.
- Please allow 4 – 6 weeks for processing of this request.
- We recommend you complete your current award requirements & accept any current financial aid that you wish to use to satisfy your bill. Due to the nature of the Professional Judgment process your request may not be completed before the payment deadline. You must satisfy your semester bill even if your Professional Judgment application has not been reviewed or finalized. Your registration will be cancelled if your bill is not satisfied by the payment deadline.
- Applications submitted after January 1, 2016 must include copies of 2015 W-2’s and or 1099 forms.
- Applications submitted after March 1, 2016 must include complete signed copies of 2015 federal tax returns with all schedules, 2015 W2-s and or 1099 form.
- All documentation must be submitted within 10 business days from the date of notification.
- Complete only the sections that apply to your situation and provide all required documentation.
- If additional information is required, you will be notified by our office.

Student Name ______________________________ Student ID# ____________________________
Last       First       Middle
Step 1. Explanation of Your Special Circumstance

Provide a DETAILED LETTER of explanation of your current situation, explaining what you are asking us to consider, and what has changed financially between 2014 and 2015. 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 due to the application being incomplete.

Step 2. Required for ALL Professional Judgments - Verification information:

- The 2015-16 Verification worksheet
- A copy of your 2014 Federal tax transcripts and W2s (if you filed taxes).
- A copy of your parents 2014 Federal tax transcripts and W2s. (The transcripts can be ordered from www.irs.gov or by calling 800-908-9946)

Step 3. Information Required for Review of All Special Circumstances

<table>
<thead>
<tr>
<th>Expected 2015 taxable &amp; nontaxable income &amp; benefits:</th>
<th>Father</th>
<th>Mother</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected 2015 income from work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2015 U.S. income tax to be paid</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Expected 2015 unemployment benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Expected 2015 amounts from other taxable income &amp; benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2015 amounts from untaxed income &amp; benefits</td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

Step 4. Explanation of circumstances and additional required documents.  
Check the box that corresponds to your situation and provide the documentation listed whenever applicable.

A. Parental loss of employment for more than 10 consecutive weeks in 2015.  (Total loss of employment)

Name of person who is unemployed____________________________Relationship to Student________________

- Termination or cessation of employment for ______ weeks in 2015. Required documentation:
  - Employer’s written documentation of termination/cessation of employment.
  - Copy of most recent paystubs or earnings-to-date statement for all 2015 employment (parents & student)
  - Notice of application for unemployment compensation and amount received to date in 2015
  - Documentation of all other sources of student and parent income (taxable and non-taxable)

- Disability or natural disaster and unable to earn money for _________ weeks in 2015. Required docs:
  - Attending Doctor’s statement of disability
  - Notification of Worker’s Compensation
  - Documentation of employer disability payments
  - Documentation of date disability or natural disaster resulted in termination of employment
  - Documentation of Official Declaration of Natural Disaster status

Student Name ___________________________________________Student ID _______________________
Last _____ First _____ Middle _____

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B. Parental total loss of an untaxed income or benefit. Do not include Veterans’ education benefits.

- Loss of Disability benefit, Last Date Received_________________. Please provide the following:
  - Benefit provider’s notification of loss of benefit
  - Copies of most recent paystubs or statements of student’s & parent’s 2015 earnings to date
  - Documentation of all other sources of student & parent income (taxable and non-taxable)

- Loss of Unemployment compensation, Last Date Received_________________.
  - Submit notice of application for unemployment compensation and calendar year amount received to date

- Loss of Court Ordered Child Support, Last Date Received_________________.
  - Submit Court documents verifying loss and the date and conditions

C. You have already filed your FAFSA or Renewal FAFSA and, since that time:

- Your parents separated or divorced. Date of separation/divorce_________________ MM/DD/YY

- One of your parents has died. Date of Death_________________ MM/DD/YY
  Required documentation:
  - Copy of student's birth certificate
  - Copy of court documented separation or divorce decree/settlement OR copy of parent’s death certificate or obituary

D. Other: ________________________________________________________________

  - Submit a Letter of explanation regarding your particular situation and documentation.

Certification Statement: I swear under penalty of perjury all of the information contained in this application is true to the best of my knowledge. I understand that providing intentionally false or misleading information in an attempt to obtain federal financial aid can result in a fine of up to $20,000 and/or incarceration. I understand that failure to provide the required documentation will result in denial of this application.

Print Student’s Name __________________________ Student Signature ________ Date __________

Print Parent’s Name __________________________ Parent Signature ________ Date __________