

# 2016-2017 Professional Judgment Application for Dependent Students

### \*\* PLEASE COMPLETE USING BLACK OR BLUE INK ONLY! \*\*

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 2016-2017 award year, your eligibility may be recalculated using expected income for 2015.

### THINGS TO REMEMBER:

- Student & parents must submit a 2015 federal tax transcript, including all schedules. The transcripts
  can be ordered from <a href="www.irs.gov">www.irs.gov</a> or 800-908-9946. If your parents are married and filed separately,
  please provide transcripts for both returns.
- Student & parents must submit 2015 W-2s and/or 1099 forms with submission of this form.
- Complete and submit the 2016-17 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, 2017 must include copies of 2016 W-2's and or 1099 forms.
- Applications submitted after March 1, 2017 must include complete signed copies of 2016 federal tax returns with all schedules, 2016 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	

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## **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 2016 and 2017. 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 2016-17 Verification worksheet A copy of your 2015 Federal tax transcripts and W2s (if you filed taxes). A copy of your parents 2015 Federal tax transcripts and W2s. (The transcripts can be ordered from <a href="https://www.irs.gov">www.irs.gov</a> or by calling 800-908-9946)

### Step 3. Information Required for Review of All Special Circumstances

Expected 2016 taxable & nontaxable income & benefits:	Father	Mother	Student
Expected 2016 income from work	\$	\$	\$
Expected 2016 U.S. income tax to be paid	\$	\$	\$
Expected 2016 unemployment benefits	\$	\$	\$
Expected 2016 amounts from other taxable income & benefits	\$	\$	\$
Expected <b>2016</b> amounts from untaxed income & benefits	\$	\$	\$

# Step 4. Explanation of circumstances and additional required documents.

Check the box t	hat corresponds to your situ	uation and provide the d	ocumentation listed whenever applicable.		
A. Parental los	A. Parental loss of employment for more than 10 consecutive weeks in 2016. (Total loss of employment)				
Name of persor	n who is unemployed		Relationship to Student		
□ Termin ■ ■ ■	Employer's written docum Copy of most recent pays & student) Notice of application for u	entation of termination/o tubs or earnings-to-date nemployment compensa	s in 2016. Required documentation: tessation of employment. statement for all 2016 employment (parents ation and amount received to date in 2016 parent income (taxable and non-taxable)		
□ Disabili ■ ■ ■	Attending Doctor's statem Notification of Worker's Conduction of Employ	ent of disability ompensation er disability payments sability or natural disaste	weeks in 2016. Required docs:  er resulted in termination of employment bisaster status		
Student Name _	Last	First	Student ID		

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В.	3. 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:	
		•		& parent's 2016 earnings to date ome (taxable and non-taxable)	
		Loss of Unemployment compensati	on, Last Date Received		
		<ul> <li>Submit notice of application</li> <li>received to date</li> </ul>	n for unemployment compensation	on and calendar year amount	
		Loss of Court Ordered Child Suppo	rt, Last Date Received		
		<ul> <li>Submit Court documents v</li> </ul>	erifying loss and the date and co	nditions	
C.	You	ı have already filed your FAFSA or	Renewal FAFSA and, since th	at 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					
			aration <b>or</b> divorce decree/settlen	nent <b>OR</b> copy of parent's death	
D.	Oth	er:			
		Submit a Letter of explanation	regarding your particular situation	n and documentation.	
tru in	e to t <b>an at</b>	cation Statement: I swear under per the best of my knowledge. I understa ttempt to obtain federal financial a stand that failure to provide the requi	and that providing intentionallid can result in a fine of up to	y false or misleading information \$20,000 and/or incarceration.	
Pri	nt St	tudent's Name	Student Signature	Date	
Stı	uden	nt ID			
Pri	nt Pa	arent's Name	Parent Signature	Date	

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