2021-2022 PROFESSIONAL JUDGMENT REQUEST FORM

Name (Please Print)_____ **Student's LOLA ID #**_____

Email Address:_____ **Phone #**_____

Financial aid eligibility for the 2021-2022 academic year is calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA). The income and asset information that you submitted was evaluated by a formula called Federal Methodology as set by Congress. This formula assumes that 2019 income is a good predictor of the family's financial strength during the student's 2021-2022 enrollment. Based on this assumption, financial aid eligibility is determined using 2019 tax return information.

The Financial Aid Office at Central Louisiana Technical Community College recognizes that many families have changes in income or family situations that cannot be reflected in the 2019 tax return data. Therefore, it is possible for students to appeal their financial aid eligibility if they have unique financial circumstances. A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid.

How to Request IRS Transcripts

All Requests for Professional Judgment require Tax Return Transcripts for student/spouse and parent (if student is dependent) along with W-2's and/or 1099's used to complete the tax return. You may obtain a tax return transcript by going online to www.irs.gov or you can call the IRS at 1-800-908-9946 and follow the prompts to request a Tax Transcript for 2019 and 2020.

Please allow 2-3 weeks processing time from the time all documentation has been submitted. Notification of the decision by the Financial Aid Office will be sent to your e-mail address. All decisions made by the Financial Aid Office concerning special circumstances are final. If you have questions, please contact the financial aid specialist at your campus. Please ensure that student's LOLA ID and name is on ALL submitted documents.

REQUEST FOR PROFESSIONAL JUDGMENT INSTRUCTIONS

Circumstances may include, but are not limited to:	***Circumstances that are NOT considered as extenuating include, but are not limited to:***
▪ Loss or change of employment ▪ Loss or change in amount of child support, Social Security, or other benefits ▪ Divorce or separation of parents or spouse ▪ Death of parent(s) or spouse ▪ Unusual medical expenses (not covered by insurance) ▪ One-time taxable income used for life changing events (e.g. IRA, pension distribution, back-year Social Security payments) ▪ Student's parent has retired	▪ Standard living expenses (e.g. utilities, credit card payments, children's allowances, etc.) ▪ Mortgage payments ▪ Car payments ▪ Credit card or other personal debts ▪ Vacation expenses ▪ All other discretionary expenses

Student Name:_____ Student LOLA ID #_____

Submit all of the following (from Items 1-4) to have your request reviewed by the financial aid office and choose only one option:

1. This completed and signed form;
2. ***A letter from the student and parent (if dependent)*** describing the situation and the reason for the request;
3. Select only ***ONE*** of the below **options** and **check reason in #4** and provide **ALL** required documentation.

OPTION 1: Initial Here ☐ **I understand by choosing Option 1, I cannot request later to re-evaluate my aid using Option 2, and that any changes are permanent for 2021-2022.**

- All 2020 tax transcript from IRS. **Independent students** need to request student and spouse, if married and **Dependent students**: student and parent(s)/step-parent listed on the FAFSA
- All 2020 1099's and/or W2's for **Independent students** need to request student and spouse, if married and **Dependent students**: student and parent(s)/step-parent listed on the FAFSA.

OPTION 2: Initial Here ☐ ***I understand by choosing Option 2, I cannot request later to re-evaluate my aid using Option 1, and that any changes are permanent for 2020-2021.*** (Cannot be submitted until after **07/01/2021**)

- Letter from employer that states separation date or change
- Copy of all latest check stubs - Dependent students: students and parent(s)/step-parent / Independent students- student and spouse
- Below 2021 Projected income (total income earned/to be earned from January to December 2021)

Check one of the boxes below and provide the additional documents accordingly:

4. ADDITIONAL DOCUMENTS NEEDED FOR THE FOLLOWING REQUEST

Check Reason and Provide documentation	***Documentation Required***
☐ Loss or change in employment	• Letter from former employer(s) stating the last date of employment • Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits, copy of DD214 if appeal is due to discharge from active military duty
☐ Loss or change in amount of child support, social security or other benefits	• If benefit is terminated, provide documentation of monthly benefit amount and date of benefit termination. If benefits are reduced, provide documentation of original amount, date of reduction and reduced amount.
☐ Divorce or separation of parents or spouse	• Legal signed Petition for Divorce document, proof of separate households, or divorce decree
☐ Death of parent(s) or spouse	• Copy of death certificate
☐ Unusual medical expenses	• Submit of proof of payment of medical bills.
☐ One-time taxable income (e.g. IRA, Pension distribution, Social Security payments)	• Documentation to identify the source of the income • Proof of payment and an itemized statement showing how the funds were spent (e.g. cancelled checks, receipts, bank statements)
☐ Student or Parent has retired	• Documentation of monthly income sources for all retirement income, including social security (if applicable)

Student Name:_____ Student LOLA ID #_____

Below 2021 Projected income (total income earned/to be earned from Jan - Dec):

Student and Spouse		Dependent Student (Student/Parent/Step Parent)	
Name (List NA if not married)	**Projected 2021 Income**	**Name (List Parent/Step)**	**Projected 2021 Income**
STUDENT		**STUDENT**	
SPOUSE		**PARENT 1**	
		PARENT 2	

I certify I understand my above selection (OPTION) is permanent and I cannot choose a different option at a later date for the 2021-2022 academic year. I understand if I initial more than one option, this request will not be processed until I submit a corrected form indicating one option only. Each person signing below certifies that all information reported on this form is complete and accurate. WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both. By signing below, you acknowledge that you are permitting CLTCC to make any adjustments to your 2021-2022 FAFSA based on the information provided.

_____ _____ _____

Student Signature Spouse's signature if married Date

_____ _____ _____

Parent Signature Parent's Name (Print) Date

OFFICE USE ONLY

Decision: _____

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Signature of FAA completing PJ: _____ Date _____

Revised 10/23/20