

PROFESSIONAL JUDGMENT REQUEST FORM

Name (Please Print)	_Student's LOLA ID #
Email Address:	Phone #

Financial aid eligibility for the 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 prior year's income is a good predictor of the family's financial strength during the student's current year enrollment. Based on this assumption, financial aid eligibility is determined using prior year's 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 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 the prior two (2) years.

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

1.	. This completed and signed form;				
2.	·				
	request;				
3.	A copy of last year's IRS transcript and all W2s & 1099 for student/spouse and parent (if a dependent student)				
4.	Select only <u>ONE</u> of the below options and check reason in #4 and provide <u>ALL</u> required				
	do	ocumentation.			
<u>OPTIO</u>	N 1: Initial Here	nderstand by choosing Option 1 to use the previous tax year, I cannot request later to re-			
	ev	aluate my aid using Option 2, and that any changes are permanent for this year.			
•	Dependent students: student a	s from IRS. Independent students need to request student and spouse, if married and nd parent(s)/step-parent listed on the FAFSA ules and/or W2's for Independent students need to request student and spouse, if married and			
	Dependent students: student a	nd parent(s)/step-parent listed on the FAFSA.			
<u>OPTIO</u>	eve	nderstand by choosing Option 2 to use the current tax year, I cannot request later to re- aluate my aid using Option 1, and that any changes are permanent for this year.			
• • • Check	student and spouse Below current year Projected inc year)	separation date or change ependent students: students and parent(s)/step-parent / Independent students-come (total income earned/to be earned from January to December of the current calendar provide the additional documents accordingly:			
	ADDITIONAL D	OCUMENTS NEEDED FOR THE FOLLOWING REQUEST			
	<u>/1551116101125</u>				
Check Re	ason 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.			

Copy of death certificate

(if applicable)

Submit of proof of payment of medical bills.

checks, receipts, bank statements)

Documentation to identify the source of the income

Legal signed Petition for Divorce document, proof of separate households, or divorce decree

Proof of payment and an itemized statement showing how the funds were spent (e.g. cancelled

Documentation of monthly income sources for all retirement income, including social security

Submit all of the following (from Items 1-4) to have your request reviewed by the financial aid office

Student Name:_

and choose only one option:

☐ Divorce or separation of parents or spouse

☐ One-time taxable income (e.g. IRA, Pension

distribution, Social Security payments)

☐ Death of parent(s) or spouse

☐ Unusual medical expenses

☐ Student or Parent has retired

Student LOLA ID #_____

Student Name:		Student LOLA ID #		
elow Current Year Pr	ojected income (total inc	ome earned/to be earned from Ja	an – Dec) for Option 2 on	
Student and Spouse		Dependent Student (Student/Parent/Step Parent)		
Name (List N/A if not married)	Projected Income	Name (List Parent/Step)	Projected Income	
STUDENT		STUDENT		
SPOUSE		PARENT 1		
cortify Lunderstand my a	have selection (OPTION) is no	PARENT 2 manent and I cannot choose a differen	t antion later for the same	
	nowledge that you are permitt	nisleading information, you may be fine ing CLTCC to make any adjustments to v		
tudent Signature		Spouse's signature if married	Date	
arent Signature		Parent's Name (Print)	Date	
OFFICE USE ONL	Y			
Signature of FAA co	mpleting PJ:		Date	