



J.F. Drake State Community and Technical College

Office of Financial Aid

2017-2018 Request for Professional Judgment

Please print clearly.

Student's Name: _____ Social Security # _____/_____/_____

Home Address: _____
Street City State ZIP

Home Telephone Number: (_____) _____

Section A: Reason for Special Condition Request (Please check all that apply.)

- LOSS OF EMPLOYMENT** – Documentation must be provided verifying that the person's employment status has changed AND the date the person became unemployed. You must also submit:
 - A copy of your "Notice of Final Determination" from employer.
 - Copies of the last pay stub received from all employers for the 2016 year are required.
 - 2015 Income tax return transcript and 2015 Wage and Income Transcript
 - Unemployment Verification
 - Verification Worksheet (Dependent or Independent)
- LOSS OF UNTAXED INCOME OR BENEFIT** – You and/or an immediate member of your family has lost some type of untaxed income or benefits. (Social Security, child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.
- DIVORCE OR SEPARATION** – Since filing the FAFSA, you or your parent(s) have become divorced or separated. **For divorce:** a copy of final divorce decree. **For separation:** Legal separation decree or you must list the date the separation occurred AND provide two (2) official documents to confirm the address of the estranged spouse. The documents must list a street address. P.O. Boxes are not acceptable. Official documents may include a copy of a lease, utility bill, credit card bill, driver's license, etc.
- DEATH OF PARENT OR SPOUSE** – Since filing the FAFSA, your spouse/your parent has died. Please submit a copy of the Death Certificate.
- EXCESSIVE EXPENSES** – Excessive expenses related to elementary or secondary school tuition, medical, dental or nursing home expenses not covered by insurance, unusually high child care costs or homelessness.
 - Must submit supporting documentation as proof of expenses such as billing and payment that has been made.

Section B: Explanation of Income Reduction (This section must be completed)

Please explain your situation. Include all relevant information and documents. Please include written explanation as it assists and determines the processing of your reduction in income. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

LIST THE DATE THE CHANGE IN CIRCUMSTANCE OCCURRED: ____/____/____

It is the official policy of J.F. Drake State Community and Technical College that no person shall be denied employment, excluded from partaking in, be denied the benefits of, or subjected to discrimination in any program activity, or employment on the basis of gender, race, color, disability, religion, national origin, age, or ethnic group.

Section C: Estimated Income Information for 2017

The following sections require you to provide your expected 2017 year income. Provide figures for the **ENTIRE YEAR**: do not put hourly wage rates. Instead, compute what you project earn for the entire 2017 year. Include all income received from January 1, 2017 until now and estimate the amounts to be received from now until December 31, 2017. After completing the appropriate income section, sign this form, attach all supporting documentation, and submit this information to the Financial Aid office. If any information or documents are missing or incomplete your reduction in income request will not be processed.

DO NOT LEAVE THIS SECTION BLANK. LIST THE MONTHLY AMOUNT YOU EXPECT TO RECEIVE IN 2017. IF NO INCOME IS EXPECTED TO BE RECEIVED FROM THE SPECIFIC SOURCE LISTED, YOU MUST WRITE "\$0".

Type of Income	Parent/Step-Parent Projected 2017 Income	Student/Spouse Projected 2017 Income
Taxable Income		
Student's/Father's income from work	\$ _____	\$ _____
Spouse's/Mother's income from work	\$ _____	\$ _____
Taxable interest income	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____
Alimony/Spousal Support	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Untaxed Income		
Social Security Benefits (SSI/SSDI)	\$ _____	\$ _____
Welfare Benefits or AFDC	\$ _____	\$ _____
Untaxed pensions/annuities- excludes rollovers	\$ _____	\$ _____
Worker's Compensation/Employer Disability	\$ _____	\$ _____
Child Support received	\$ _____	\$ _____
IRA/KEOGH contributions	\$ _____	\$ _____
Untaxed interest income	\$ _____	\$ _____
Earned Income Credit	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Household Information		
Number in household	_____	_____
Number in college (at least ½ time excluding parents)	_____	_____

Section D: Statement of Certification and Authorization

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of this form.

IF ANY OF THE FIGURES USED ON THIS FORM CHANGE, I/WE ACCEPT THE RESPONSIBILITY FOR CONTACTING THE OFFICE OF FINANCIAL AID SERVICES IN WRITING WITH THE CORRECTED INFORMATION.

Student's Signature Date Parent's Signature - if student is dependent Date

Office Use Only	Information Needed:
Verified EFC _____	_____
2017 AGI \$ _____	_____
2017 Tax Paid \$ _____	_____
2017 Untaxed income \$ _____	_____
Date Reviewed ____/____/____	_____
FA Counselor _____	_____
New EFC _____	_____
2017 AGI \$ _____	_____
2017 Tax Paid \$ _____	_____
2017 Untaxed income \$ _____	_____
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Letter Sent <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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