



FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831)755-6806 • FAX (831) 759-6014

STUDENT

2019-2020 Professional Judgment Form

STUDENT ID# _____

STUDENT NAME _____ SSN _____

ADDRESS _____

PHONE NO. _____ DATE _____

Your Estimated Family Contribution (EFC), the amount you, and your spouse if married, are expected to contribute toward your cost of education is based on a standardized need-analysis formula established by Congress. You have indicated that the information you provided on your Free Application for Federal Student Aid (FAFSA) does not accurately reflect your current financial situation. This form allows you to request a review of your extraordinary circumstance not addressed on your 2019-2020 FAFSA.

****Deadline to submit this form: Friday, March 13, 2020***

BEFORE YOU BEGIN

Please note that if you have not completed a FAFSA for 2019-2020, this form will not be accepted. A FAFSA must be completed, and the student's financial aid award must be determined, before the Financial Aid Office can evaluate this form.

I am requesting consideration of Special Circumstances due to: *check all that apply and fill in appropriate section:*

_____ **A. Loss of employment**

When was the last day of employment? _____

What is the reason for the loss of employment? _____

_____ **B. Divorce/Separation: Which occurred "after" completing 2018-2019 FAFSA**

Date of Divorce or Separation: _____

_____ **C. Death of a Spouse: Which occurred "after" completing 2018-2019 FAFSA**

Date of Death: _____

_____ **D. Loss of one-time income**

_____ **E. Medical Care Expenses**

A. Loss of Employment:

1. Attach all of the following:

- Letter of explanation written in detail on how your income has changed.
- Completed 2019-2020 V1 Independent Institutional Verification Worksheet
- Photocopy of your 2017 Tax Return Transcript
- Photocopy of your 2018 Tax Return Transcript.
- Letter from your current and/or previous employer verifying your total expected 2019 gross earnings, and the date(s) employment began and ended (if applicable).
- Copy of most recent check stub.
- Complete all items listed below. Include all student and/or spouse's 2018 income and expected income for the remainder of 2019.

TYPE OF INCOME:	Actual 2018	Projected 2019 (01/1/2019-12/31/2019)
Student Wages	\$	\$
Spouse Wages	\$	\$
Unemployment compensation	\$	\$
Capital gains	\$	\$
Dividend/interest income	\$	\$
Other:	\$	\$
Workman's Compensation	\$	\$
Untaxed Pensions	\$	\$
Child Support Received	\$	\$
Other	\$	\$
Grand Totals	\$	\$

B. Divorce/Separation: Which occurred after the 2019-2020 FAFSA was completed.

1. Letter of explanation written in detail of your current circumstance
2. Completed 2019-2020 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2017 Tax Return Transcript
4. Copy of 2017 Wage and Income Transcript
5. Attach a photocopy of your Divorce Decree or Legal Separation documentation (must be court stamped)

C. Death of Spouse: Which occurred after the 2019-2020 FAFSA was completed.

1. Letter of explanation written in detail of your current circumstance
2. Completed 2019-2020 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2017 Tax Return Transcript
4. Photocopy of 2017 Wage and Income Transcript
5. Attach a photocopy of your spouse's Death Certificate.

D. Loss of One-Time Income: Student/Spouse

1. Letter of explanation written in detail of your current circumstance
2. Completed 2019-2020 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2017 Tax Return Transcript
4. Photocopy of 2017 Wage and Income Transcript
5. Attach proof of the one-time Income/Benefit received (*Additional Information or Documentation may be required*)

E. Medical care expenses

We will only consider expenses already PAID directly by you and/or spouse (*if applicable).

Unusual or unexpected medical expenses must be over and above typical health maintenance cost due to an unexpected, extraordinary, on non-recurring emergency or incident. We assume that you will have medical coverage and only those costs not covered by insurance or other agencies will be considered.

1. Completed 2019-2020 V1 Independent Institutional Verification Worksheet
2. Photocopy of your 2017 Tax Return Transcript
3. Copy of 2017 Wage and Income Transcript
4. Explanation of Benefits and Proof of Payment

Asset Information (This section must be completed by all applicants)

1. As of Today what is your (*spouses's, if applicable*) total current balance of cash, savings, and checking accounts?
Do not include student financial aid. Total \$ _____

2. As of today what is the net worth of your investments, including real estate?
Don't include the home you live in. Net Worth means current value minus debt.

<u>Rentals/Investments</u>	<u>1st Investment</u>	<u>2nd Investment</u>	<u>3rd Investment</u>
Current Investment Value	\$	\$	\$
Minus Debt	\$	\$	\$
Net Worth	\$	\$	\$

Asset Information Continued (This section must be completed by all applicants)

3. As of today what is the net worth of the current businesses and/or investment farms?

Do not include family farm or family business with 100 or fewer full-time or full time equivalent employees.

<u>Business/Farm</u>	<u>1st Investment</u>	<u>2nd Investment</u>	<u>3rd Investment</u>
Current Investment Value	\$	\$	\$
Minus Debt	\$	\$	\$
Net Worth	\$	\$	\$

CERTIFICATION

I/we certify that the information and documentation provided is true and correct I/we understand that income or expenses not documented will not be considered. I/we further understand that if this appeal is based on projected year income, I/we may, at some point, be required to provide additional information to confirm projected-year income. I/we also understand that if 2017/2018 actual income varies from the 2019 projected income, the financial aid award may be adjusted and I/we may be responsible for repaying any overpayment of aid received. I/we understand that this is an appeal for consideration and submission does not constitute and/or guarantee approval.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

For Office Use Only:

Approved _____ Denied _____ Staff Signature _____ Date: _____

Initial EFC _____ Verified EFC _____ PJ EFC _____

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.