



# FINANCIAL AID OFFICE

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

## STUDENT

### 2022-2023 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 2022-2023 FAFSA.

***\*Deadline to submit this form:***

#### **BEFORE YOU BEGIN**

Please note that if you have not completed a FAFSA for 2022-2023, 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 2021-2022 FAFSA**

Date of Divorce or Separation: \_\_\_\_\_

\_\_\_\_\_ **C. Death of a Spouse: Which occurred "after" completing 2021-2022 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 2022-2023 V1 Independent Institutional Verification Worksheet ☐ Photocopy of your 2020 Tax Return Transcript ☐ Photocopy of your 2021 Tax Return Transcript.
- Letter from your current and/or previous employer verifying your total expected 2022 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 2022.

TYPE OF INCOME:	Actual 2021	Projected 2022 (01/1/2022-12/31/2022)
Student Wages	\$	\$
Spouse Wages	\$	\$
Unemployment compensation	\$	\$
Capital gains	\$	\$
Dividend/interest income	\$	\$

Other:	\$	\$
Workman's Compensation	\$	\$
Untaxed Pensions	\$	\$
Child Support Received	\$	\$
Other	\$	\$
<b>Grand Totals</b>	\$	\$

**B. Divorce/Separation:** Which occurred after the 2022-2023 FAFSA was completed.

1. Letter of explanation written in detail of your current circumstance
2. Completed 2022-2023 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2020 Tax Return Transcript
4. Copy of 2020 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 2022-2023 FAFSA was completed.

1. Letter of explanation written in detail of your current circumstance
2. Completed 2022-2023 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2020 Tax Return Transcript
4. Photocopy of 2020 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 2022-2023 V1 Independent Institutional Verification Worksheet
3. Photocopy of your 2020 Tax Return Transcript
4. Photocopy of 2020 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 2022-2023 V1 Independent Institutional Verification Worksheet
2. Photocopy of your 2020 Tax Return Transcript
3. Copy of 2020 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.*

<b><u>Rentals/Investments</u></b>	<b><u>1<sup>st</sup> Investment</u></b>	<b><u>2<sup>nd</sup> Investment</u></b>	<b><u>3<sup>rd</sup> Investment</u></b>

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.*

<b><u>Business/Farm</u></b>	<b><u>1<sup>st</sup> Investment</u></b>	<b><u>2<sup>nd</sup> Investment</u></b>	<b><u>3<sup>rd</sup> Investment</u></b>
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 2020/2021 actual income varies from the 2022 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 \_\_\_\_\_ Initial EFC \_\_\_\_\_

Verified EFC \_\_\_\_\_ PJ EFC \_\_\_\_\_ Date: \_\_\_\_\_

**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.**