



Office of Student Financial Services  
Townhouse  
12 E 53RD ST New York, NY 10022  
212-310-0668  
Fax:212-750-3452

## 2025-2026 Professional Judgment

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
LIM ID

\_\_\_\_\_  
Tel #

\_\_\_\_\_  
LIM College Email

@limcollege.edu

LIM College recognizes that special circumstances may affect a student's eligibility for federal financial aid. Special circumstances can include, but are not limited to, loss of income, loss of employment, loss of benefits, death or divorce.

This request form is designed to document such information for review by the Office of Student Financial Services. Complete all sections of this form and submit it with the appropriate documentation indicated in Step 1 of this form. Please note that additional documents may be requested.

If you and/or your family household have circumstances that have resulted in a reduction of income that is substantially less than what was reported on the FAFSA, you will need to meet with a Financial Aid Advisor before submitting your documentation for consideration.

To be considered for a Professional Judgment:

- You must have a 2025-2026 FAFSA on file.
- If your FAFSA was selected for verification, the verification process must be **completed** before submitting this form.

**Professional Judgement decisions are final and are based upon the regulatory parameters established by the U.S. Department of Education.**

(Over)

**Step 1: Please identify the special circumstance(s) from the list below and check the applicable box(es) for the person(s) affected.**

Special Circumstance	Explanation	Person(s) Affected	Required documentation
<b>Employment Change</b>	Student/spouse and/or your parent(s) had a significant loss of income in 2024, 2025, and/or 2026 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work that has lasted at least 6 weeks in 2024.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• 2025-2026 Standard Verification Worksheet</li> <li>• *2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements</li> <li>• Letter from former employer with termination date and last pay stub</li> <li>• Print out of Unemployment Payment Record <a href="https://applications.labor.ny.gov/IndividualReg/">https://applications.labor.ny.gov/IndividualReg/</a></li> <li>• Public and/or other type(s) of Assistance Letter (if applicable)</li> <li>• Most recent paystubs</li> </ul>
<b>Income Loss</b>	Student/spouse and/or your parent(s) earned income in 2023, but have not been able to earn income in 2024, 2025, 2026 because of a disability or natural disaster that occurred in 2024 or 2025.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• 2025-2026 Standard Verification Worksheet</li> <li>• *2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements</li> <li>• Statement from agency with effective dates of benefits</li> <li>• Most recent paystubs</li> </ul>
<b>Benefit Loss</b>	Student/spouse and/or your parent(s) received unemployment compensation and/or untaxed benefit in 2023 or 2024, but have completely lost the benefit in 2024, 2025, and/or 2026. The untaxed income or benefit must be from a public or private agency, from a company or from an authorized individual due to a court order.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• 2025-2026 Standard Verification Worksheet</li> <li>• *2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements</li> <li>• Statement from agency with effective date(s) of loss/cancellation of benefits</li> </ul>
<b>Separation</b>	Student or parent separated or divorced after filing a FAFSA.	<input type="checkbox"/> Student <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• 2025-2026 Standard Verification Worksheet</li> <li>• *2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements</li> <li>• Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease indicating period of separation).</li> <li>• Lease with dates that include the period of separation</li> <li>• Child support received or paid</li> </ul>
<b>Death</b>	Death of spouse or parent after filing a FAFSA	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> <li>• 2025-2026 Standard Verification Worksheet</li> <li>• *2023 and 2024 IRS Tax Return Transcripts, W-2s and/or 1099 statements</li> <li>• Copy of death certificate</li> <li>• Social Security benefits (if applicable)</li> <li>• Most recent paystubs</li> </ul>

\*You can contact the IRS to request tax return transcript at <https://www.irs.gov/individuals/get-transcript> or 1-800-908-9946

**Step 2:** Give a detailed explanation of the changes that occurred. The statement must include:

- Date when the circumstance(s) changed
- Explanation of living expenses during this time period for:
  - You/Spouse
  - Parent (If dependent student)

**If you require additional space, please attach a separate sheet(s), and include your name and LIM ID at the beginning of the page(s).**

**All statements must be signed and dated. Please print legibly and clearly.**

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**Step 3: In the chart below, please indicate the monthly amount that is applicable to the time-frame indicated in Step 2.**

*Please complete all fields. Enter "0" for any fields that do not apply*

Income Source	Student/Spouse	Parent
Wages earned	\$	\$
Unemployment Compensation	\$	\$
Pension Withdrawal	\$	\$
Worker's Compensation	\$	\$
Child Support Received	\$	\$
Child Support Paid	\$	\$
Veteran's Benefits	\$	\$
Disability Benefits	\$	\$
Severance Pay	\$	\$
Cash Support	\$	\$
Other Income	\$	\$
<b>Total Income</b>	\$	\$

**Step 4: Certification**

I certify that the information provided on this form, and supporting documents, is true and complete to the best of my/our knowledge. I agree to provide additional documentation, if requested. **I understand that if at any time there is a change in the estimate of the income that was submitted on this form, I will notify the Office of Student Financial Services.** I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted, and that I am responsible for any outstanding balance owed to the college.

Student Signature:	Date:
Spouse Signature (if applicable):	Date:
Parent Signature (Dependent Student Only):	Date: