



2018-2019 Professional Judgment

Student Name

Student ID

Student Tel #

Student LIM College Email

@limcollege.edu

LIM College recognizes that special circumstances may affect a student's eligibility for federal financial aid. 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. Decisions are final and are based upon the regulatory parameters established by the U.S. Department of Education.

If you and/or your family household have unusual circumstances that have resulted in a reduction of income that is substantially less than what was reported on the FAFSA, we strongly recommend that you meet with a Financial Aid Advisor before submitting your documentation for consideration. Unusual circumstances can include, but are not limited to, loss of income, loss of employment, loss of benefits, death or divorce.

To be considered for a Professional Judgment, you must have already completed a 2018- 2019 FAFSA. If your FAFSA has been selected for verification, the verification process must be **completed** before submitting this form. Also, complete the attached verification forms. All required documentation must be submitted to the Office of Student Financial Services. Additional documents may be requested.

Step 1: Required Verification Documentation:

- 2018-2019 Standard V1 (Dependent or Independent) Verification Worksheet

A copy of the student/spouse and/ or Parent(s) (Dependent Students) 2016 Federal Tax Transcript(s) or signed Federal Tax Return(s), W-2 Form(s) and/or 1099 Statement(s). You can contact the IRS to request tax returns at(1-800-908-9946



Student Name: _____

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Step 2: Check applicable box that applies to your special circumstance.

Category	Explanation	Person(s) Affected	Required documentation
Employment Change	You/spouse and/or your parent(s) had a significant loss of income in 2016, 2017, and/or 2018 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 2016.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2018-2019 Standard Verification Worksheet • 2016 and 2017 IRS Tax Return Transcripts or Federal Tax Returns, W-2s and/or 1099 statements • Letter from former employer with termination date and last pay stub • Print out of Unemployment Payment Record_ https://applications.labor.ny.gov/IndividualReg/ • Public and/or other type(s) of Assistance Letter (if applicable)
Income Loss	You/spouse and/or your parent(s) earned money in 2015, but have not been able to earn money in 2016, 2017, 2018 because of a disability or natural disaster that occurred in 2016 or 2017.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2018-2019 Standard Verification Worksheet • 2016 and 2017 IRS Tax Return Transcripts or Federal Tax Returns, W-2s and/or 1099 statements • Statement from agency with effective dates of benefits
Benefit Loss	You/spouse and/or your parent(s) received unemployment compensation and/or untaxed benefit in 2016 or 2017, but have completely lost the benefit in 2016, 2017, and/or 2018. The untaxed income or benefit must be from a public or private agency, from a company or from a person because of a court order.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2018-2019 Standard Verification Worksheet • 2016 and 2017 IRS Tax Return Transcripts or Federal Tax Returns, W-2s and/or 1099 statements • Statement from agency with effective date(s) of loss/cancellation of benefits
Separation	You or your parent separated or divorced after filing a FAFSA.	<input type="checkbox"/> You <input type="checkbox"/> Parent	<ul style="list-style-type: none"> • 2018-2019 Standard Verification Worksheet • 2016 and 2017 IRS Tax Return Transcripts or Federal Tax Returns, W-2s and/or 1099 statements • Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease indicating period of separation). • Child support received or paid



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Death	Death of spouse or parent after filing a FAFSA	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none">• 2018-2019 Standard Verification Worksheet• 2016 and 2017 IRS Tax Return Transcripts or Federal Tax Returns, W-2s and/or 1099 statements• Copy of death certificate• Social Security benefits (if applicable)
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Step 3: Give a detailed explanation of the changes that occurred. The statement must include the date when the circumstance(s) changed and an explanation of how you/spouse and /or parent (Dependent Students) will support your living expenses for the next 12 month period. **All statements must be signed and dated. Please print legibly and clearly.**

Signature:	Date:
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If you require additional space, please attach a separate sheet(s), and be sure to include your name and student ID on top of the page(s).

Student Name _____

Student ID _____

Step 4: In the chart below, please indicate the monthly amount that is applicable.

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	\$	\$
Total Income	\$	\$

Step 5: 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 contact the Office of Student Financial Services as soon as possible.** I understand that the Professional Judgment form submitted without required supporting documentation and letters 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 I am responsible for any outstanding balance owed to the college.

Student Signature

Date

Spouse Signature

Date

Parent Signature

Date