

2018 -2019
REQUEST FOR PROFESSIONAL JUDGMENT REVIEW

Student's Name: _____ SCCC ID#: _____

This form allows you to provide updated information for review of your Federal Financial Aid eligibility if your family's financial situation has changed since January 1, 2017. **This form cannot be filed until 10 weeks AFTER the date of the change in your family's circumstances. Forms will not be reviewed prior to September 30th, 2018.**

- STEP 1:** The Free Application for Federal Student Aid (FAFSA) must be completed prior to the completion of this application.
- STEP 2:** IF selected for Federal Verification, complete and submit the appropriate 2018-2019 Verification Worksheet along with photocopies of all 2016 income documentation.
- STEP 3:** Complete page 2 of this form based on the appropriate condition that best describes the change in your family's financial situation. All applicable fields must be completed. You and/or Parent must include a signed and dated statement with photocopies of all supporting income documentation for 2017.

- **Death** – The student has already applied for Federal Student Aid, but since that time, there has been the death of the student's spouse or student's parent. Please provide a photocopy of the death certificate.
- **Separation and/or Divorce** – The student has already applied for Federal Student Aid, but has separated or divorced or been widowed since that time or his/her parents have separated or divorced since that time. Submit photocopy of divorce decree, detailed letter from the attorney on firm's stationery or a signed notarized statement indicating the date of separation and reason for the separation. Include photocopies of both parties driver's licenses showing separate residencies.
- **Loss of Employment** – The student and/or spouse or one of the student's parents or step-parent has lost their job in 2017 or had worked full-time in 2016 and now has not worked full-time for at least 10 consecutive weeks in 2017. **Important Note for Dependent Students: Loss of income ONLY applies to parent and step-parent for NJ State aid.** Submit photocopies of pay stubs showing Year-to-Date (YTD) earnings, Unemployment pay stubs or letter on agency stationery showing denial of benefits.
- **Loss of earnings due to Disability or Natural Disaster** – The student and/or spouse or one of the student's parents earned money in 2016, but has not been able to earn money in his or her usual way for at least 10 weeks in 2017. This must have been because of either a disability or a natural disaster that happened in 2016 or 2017. **Important Note for Dependent Students: Loss of income ONLY applies to parent and step-parent.** Submit proof of disability and whether these payments are taxable or untaxed, proof of Year-to-Date (YTD) earnings, proof of disability benefits received on agency stationery. In the case of natural disaster, submit photocopies of letters on agency stationery from FEMA (Federal Emergency Management Agency), insurance company reports or police reports.
- **Loss of One-Time Income** – The student and/or spouse or one of the student's parents received income in 2016 which they cannot be expected to receive again. Submit signed, notarized statement indicating the nature of the income such as the proceeds from the sale of a home. Provide photocopies of any documentation available to support your claim.
- **Loss of Untaxed Income or Benefit** – The student and/or spouse or one or both of the student's parents received unemployment compensation or some other untaxed income or benefit in 2016 but has lost that income or benefit for at least 10 weeks in 2017. 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. **Important Note for Dependent Students: Loss of income ONLY applies to parent and step-parent.** Submit photocopy of letter on agency stationery indicating benefits have been terminated.
- **Other** – Other unusual circumstances that have led to a substantial change in income from the 2016 reported income, i.e. unusual medical expenses paid that are not covered by insurance. Submit photocopies of receipts or both sides of cancelled checks showing payments made.

IMPORTANT!!!

NO CONSIDERATION FOR A CHANGE IN FAMILY CIRCUMSTANCES WILL BE GIVEN IF THIS FORM IS RECEIVED WITHOUT THE PROPER SUPPORTING DOCUMENTATION FOR 2016 AND 2017. THE FINANCIAL AID OFFICE RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION TO COMPLETE THE REVIEW OF THE PROFESSIONAL JUDGMENT REQUEST.

Student's Name: _____

SCCC ID#: _____

Parent's Name: _____

Phone #: _____

UNEMPLOYED

1. Name of Unemployed Person _____
2. Date of Unemployment _____
3. Date Unemployment Benefits Began _____
4. Weekly Amount of Unemployment Benefits \$ _____
5. Amount Earned in 2017 prior to Unemployment \$ _____
How many weeks of Unemployment _____
6. Has the person returned to Work? Yes ___ No ___
If Yes, Enter Date _____
And Enter Gross Weekly Salary \$ _____
7. Is the Person receiving Severance Pay? Yes ___ No ___
If Yes, Enter Gross Weekly Amount \$ _____
Date Severance Began _____
Date Severance Pay will Terminate _____

DISABLED

1. Name of Disabled Person _____
2. Date of Disability _____
3. Date Worker's Compensation or Other Disability Payment Began _____
4. Weekly Amount of Worker's Compensation or Other Disability Payments \$ _____
5. These Payments are: Taxable / Untaxed (circle one)
6. Amount Earned in 2017 prior to Disability \$ _____
7. Is the Disability Permanent? Yes ___ No ___
*If Yes, indicate the monthly amount of your Family's Social Security Benefits (All Members) \$ _____
Date Social Security Benefits Began _____
*If No, Give anticipated Date of Return to Work _____ and Gross Weekly Salary \$ _____

LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS

The Applicant, The Applicant's Spouse, or Parent received untaxed income or unemployment benefits in 2016, but lost his/her income in 2016 or 2017.

1. Name of Person who lost Benefits: _____
2. Type of Benefits Lost _____
3. Effective Date _____
4. Total Amount to be received in 2017 \$ _____

LOSS OF ONE-TIME INCOME

The Applicant or the Parents received income in 2016 that will no longer be received in 2017.

1. Type of income received: _____
2. Amount of income received in 2016: \$ _____
3. Will income be received again in 2017: Yes ___ No ___

DIVORCED/SEPARATED

The Applicant or the Parents have divorced or separated after filing the Application.

1. Date of Divorce _____ or Separation _____
2. Date Payments Began _____
3. Weekly amount of Child Support received for All Children \$ _____
4. Weekly Amount of Alimony \$ _____

RETIRED

1. Name of Retired Person _____
2. Date of Retirement _____
3. Date Pension Began _____
4. Monthly Amount of Pension \$ _____
This Pension is: Taxable/ Untaxed (circle one)
5. Date Social Security Benefits Began _____
6. Monthly Amount of Family's Social Security Benefits \$ _____
7. Amount Earned in 2017 Prior to Retirement \$ _____

DIED

1. Name of Deceased Person _____
2. Date of Death _____
3. Date Social Security Benefits Began _____
4. Monthly Amount of Family's Social Security Benefits \$ _____
5. Life Insurance proceeds received or to be received \$ _____

Certification

I/We certify by signing this form that all information reported is complete and correct.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____