

**2019 -2020  
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, 2018. **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 30<sup>th</sup>, 2019.**

- STEP 1:** The Free Application for Federal Student Aid (FAFSA) must be completed prior to the completion of this application.
- STEP 2:** Complete and submit the 2019-2020 V1-Verification Worksheet along with photocopies of all 2017 income documentation if selected for Federal Verification.
- 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 2018.

- **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 2018 or had worked full-time in 2018 and now has not worked full-time for at least 10 consecutive weeks in 2018. **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 2017, but has not been able to earn money in his or her usual way for at least 10 weeks in 2018. This must have been because of either a disability or a natural disaster that happened in 2017 or 2018. **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 2017 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 2017 but has lost that income or benefit for at least 10 weeks in 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. **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 2017 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 2017 AND 2018. 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 2018 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 2017, but lost his/her income in 2017 or 2018.

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

**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 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**LOSS OF ONE-TIME INCOME**

The Applicant or the Parents received income in 2017 that will no longer be received in 2018.

1. Type of income received: \_\_\_\_\_
2. Amount of income received in 2017: \$ \_\_\_\_\_
3. Will income be received again in 2018: Yes \_\_\_ No \_\_\_

**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 2018 Prior to Retirement \$ \_\_\_\_\_

**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: \_\_\_\_\_