



**PROFESSIONAL JUDGMENT
REQUEST 2020-2021**

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____

Instructions:

1. Use this form only if you have experienced a significant change in income, have unusual medical or dental expenses or other unusual circumstances and wish to request special consideration of these circumstances. You are encouraged to meet with a Financial Aid specialist about your situation prior to submitting this form.
2. Complete this form **AFTER** you have completed the Free Application for Federal Student Aid, FAFSA.
3. You must clearly explain your situation in writing, and attach the appropriate supporting documentation. If you fail to attach proof or don't clearly explain your changes, **no action can be taken on your request.**

Checklist of items you must provide:

- Detailed written statement explaining the change in your financial situation.
- 2020-2021 Verification Worksheet (select independent or dependent student form, available on MyCF student portal).
- 2018 U.S. income tax transcripts for you and your spouse or you and your parents, if you are a dependent student. Tax transcripts available at www.irs.gov.
- Last and/or most recent paystubs for all positions held in 2020 for you and your spouse or you and your parents, if you are a dependent student.
- Unemployment Compensation Determination Letter, if applicable.
- Complete 2020 expected income grid below.

Check the appropriate item that describes your request:

- Unusual medical or dental expenses paid in **2018, 2019 and 2020**. Include **ONLY** those expenses you paid out of pocket. Total you paid \$ _____ You must attach statements of account or paid receipts.
- Change in income due to lay-off, or employer closure. Attach a copy of your separation letter and severance agreement.
- Death of a previous wage earner (spouse or parent). Attach appropriate death certificate.
- Marriage or divorce.
- Other: _____

EXPECTED INCOME IN 2019:

	Student	Spouse	Parent 1	Parent 2
Total estimated from work				
Other estimated income				
Severance pay				
Unemployment benefits				
Social Security benefits				

I certify that the above information is correct. I understand that adjustments can be approved only in situations that have been appropriately documented and are provided for by federal regulation and policy. If I have not provided the appropriate supporting documentation, I understand that my request will be automatically denied.

Student Signature

Date: MM/DD/YY

Parent Signature, if Dependent

Office use only.

Approved Denied

Date: MM/DD/YY

Financial Aid Director Signature

Comments: _____
