

PROFESSIONAL JUDGMENT FORMS & MATERIAL FOR THE 2004/2005 AWARD YEAR

Worksheets

- ↪ Income Reduction
- ↪ Large Debts
- ↪ Exceptional Medical Dental Expenses
- ↪ Support of Non-Household Family Member/Friend
- ↪ Dependent Care & Expenses
- ↪ Dependent Student Parent(s) in College
- ↪ Dependency Status

PROFESSIONAL JUDGMENT 2004/2005

School Name: _____ School ID#: _____

Financial Aid Administrator's Name: _____

Student: _____ SS#: _____

I, the financial aid administrator of this school, have used professional judgment to adjust this student's eligibility for Federal Financial Aid.

My reason(s) for using professional judgment is/are as follows: _____

Any supporting documentation is listed below:

Signature of Financial Aid Administrator

Date

PROFESSIONAL JUDGMENT DATA ELEMENT ADJUSTMENT REPORT 2004/2005

School: _____

Student Name: _____ SS#: _____

The following line items on the student's FAFSA need to be changed to effect the use of professional judgment:

FAFSA Question Item #	Description	Professional Judgment Adjusted Amount

Signature of Financial Aid Administrator

Date

INCOME REDUCTION
 (Or Receipt Of Non-Recurring Income)
WORKSHEET 2004/2005

For independent students (and spouse, if applicable) or
 For dependent students and their parents

Will your income and/or your spouse's or parent's income be less in 2004 than in 2003 for any of the reasons listed below? (If Yes please indicate date of the change.)

1. One time income (*Inheritance, back year Social Security payment, etc.*)

Yes No Date: _____

If Yes, what is the source of income and how were the funds spent or invested?

2. Expenses and/or losses from a local disaster (*earthquake, flood, hurricane*)

Yes No Date: _____

3. Unemployment or change in employment

Yes No Date: _____

4. Death of spouse or parent

Yes No Date: _____

5. Divorce/Separation

Yes No Date: _____

6. Disability of student, spouse, or parent

Yes No Date: _____

If you answered Yes to items 3 – 6 please complete the following table.

ANTICIPATED INCOME FOR _____ TO _____	Month / Year	Month / Year
Wages, Salaries, Tips (<i>including severance pay, disability payments and any other income from work</i>)	\$	
Other taxable Income	\$	
Untaxed Social Security benefits	\$	
Aid to Families with Dependent Children (AFDC)	\$	
Child support received	\$	
Other untaxed income	\$	
TOTAL	\$	

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

 Student's Signature

 Date

 Spouse's/Parent's Signature

 Date

LARGE DEBTS WORKSHEET 2004/2005

For independent students (and spouse, if applicable) or

For dependent students and their parents

1. Do you or your spouse (*Independent Students*), or your parents (*Dependent Students*) have unusually large debts or loans for which you or they are now making monthly payments? (*This would include mortgages or credit card debts to cover unemployment expenses or failed/failing businesses; legal fees for divorce, adoption, etc.; education loans of spouses or parents; or personal debts for nondiscretionary expenses*).

Yes No

(If Yes, complete items 2-4)

2. List information for each debt:

Type or cause of debt and to whom owed	Date & Amount of original debt	Current balance owed	Date payments began	Monthly payment amount	Date payments end
	Date _____ \$ _____	\$ _____	Date _____	\$ _____	Date _____
	Date _____ \$ _____	\$ _____	Date _____	\$ _____	Date _____
	Date _____ \$ _____	\$ _____	Date _____	\$ _____	Date _____
	Date _____ \$ _____	\$ _____	Date _____	\$ _____	Date _____

3. In 2004 will these expenses be Lower Higher Same

Why? _____

4. How will you finance these expenses? _____

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

Student's Signature

Date

Spouse's/Parent's Signature

Date

**EXCEPTIONAL MEDICAL & DENTAL EXPENSES
WORKSHEET 2004/2005**

For independent students (and spouse, if applicable) or
For dependent students and their parents

1. Medical/Dental Insurance payments in 2003 (Not including employer's contribution) were:
\$_____.

2. Medical/Dental expenses in 2003 not paid by insurance were: \$_____.

3. In 2004 will these expenses be Lower Higher Same

Why? _____

4. How will you pay for these expenses? _____

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

Student's Signature

Date

Spouse's/Parent's Signature

Date

SUPPORT OF NON-HOUSEHOLD FAMILY MEMBERS/FRIENDS WORKSHEET 2004/2005

For independent students (and spouse, if applicable) or
For dependent students and their parents

1. Do you contribute financial support to relatives who are not counted as members of your household? Yes No

(If Yes, complete items 2-4)

2. List family members and the amount of relevant support given for each:

Name, Age & Relationship of Family Member	Month & Year Support Began	Month & Year Support Ends	Amount You Pay Per Month	Amount Paid by Other Sources Per Month	Reason For Support
Name _____ Age _____ Rel. _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Rel. _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Rel. _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Rel. _____	Month _____ Year _____	Month _____ Year _____	\$	\$	

3. In 2004 will these expenses be Lower Higher Same

Why? _____

4. How will you pay for these expenses? _____

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

Student's Signature

Date

Spouse's/Parent's Signature

Date

DEPENDENT CARE & EXPENSES WORKSHEET 2004/2005

For independent students (and spouse, if applicable) or
For dependent students and their parents

1. Will you pay for elementary or secondary education expenses or dependent care expenses in the 2004/2005 award year? Yes No

(If Yes, complete items 2-4)

2. List family members and the amount of relevant expense given for each:

Name, Age & Relationship of Family Member	Elementary Education Expense	Child Care Expense	Secondary Education Expense	Adult dependent care expense	Total Calendar Year 2003 Expenses
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					

3. In 2004 will these expenses be Lower Higher Same

Why? _____

4. How will you pay for these expenses? _____

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

Student's Signature

Date

Spouse's/Parent's Signature

Date

**DEPENDENT STUDENT
PARENT(S) IN COLLEGE 2004/2005**

Beginning in the 2000/2001-award year, a parent or parents' college attendance is not automatically factored into the needs analysis formula. Question # 64: How many people are in your parents' household?

Question # 65: How many in question # 64 (exclude your parents) will be college students between July 1, 2004 and June 30, 2005.

If circumstances warrant, professional judgment may be used to offset the negative impact. Please complete the questions below to help the Financial Aid Office determine if the use of Professional Judgment is warranted.

1. Will you, a parent of a "dependent" college student attending in 2004/2005 have any non-employer paid college expenses in the 2004/2005-award year? Yes_____ or No_____.
2. If yes, are you enrolled at least halftime in a Title IV (Federal Financial Aid) eligible institution? Yes_____ or No_____.
3. If yes, please attach a copy of your registration confirmation to this form and complete items 4-8.
4. Will your 2004 income be lower than 2003 income due to college attendance Yes_____ or No_____.
5. If Yes, please indicate how much lower because of college attendance: \$_____.
6. What will your college attendance costs be in the 2004/2005-award year? You should consider and include costs for the following items: tuition, fees, room and board on campus if applicable, transportation, childcare etc. \$_____.
7. Please explain briefly why you are attending college: _____

A. _____

B. _____

Parent(s) Signature(s):

Date:

A. _____

B. _____

Parent(s) Printed Name(s)

DEPENDENCY STATUS DEFINITIONS & SPECIAL CIRCUMSTANCE WORKSHEET 2004/2005

When you apply for federal student aid, your answers to certain questions will determine whether you are considered dependent on your parents --- and must report their income and assets as well as your own --- or whether you are considered independent and must report only your own income and assets (and those of your spouse, if you are married).

Students are classified as dependent or independent because federal student aid programs are based on the idea that students (and their parents or spouse, if applicable) have the primary responsibility for paying for their postsecondary education. Students who have access to parental support (dependent status) should not receive need-based federal funds at the expense of students who do not have such access (independent students).

You are an independent student if at least one of the following applies to you:

- ☞ You were born before January 1, 1980
- ☞ You are married
- ☞ You are working on a master's or doctorate program
- ☞ You have children who receive more than half of their support from you
- ☞ You have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2005
- ☞ You are orphan or ward of the court (or were a ward of the court until age 18)
- ☞ You are a veteran of the U.S. Armed Forces.

Although the process of determining a student's eligibility for federal student aid is basically the same for all applicants, there is some flexibility. For instance, if your financial aid administrator (FAA) believes it's appropriate, based on the documentation you provide, he or she can change your status from dependent to independent. An example of when the FAA might do this is for a student who has only one surviving parent and that parent is very ill. Remember, the U.S. Congress enacted the legislation which sets the criteria that determines whether a student is dependent or independent. The reasons for making a technically "dependent" student "independent" have to be very good and have to be documented in the student's financial aid file. The U.S. Congress expects parents to contribute to their son's or daughter's education expenses to the best of their ability until one of the 6 criteria stated above applies to the student. The sole fact that a student may no longer live with their parents does not relieve the parents of this responsibility. Making a technically "dependent" student "independent" usually enhances a student's eligibility for need-based financial aid. This is why it must be documented so carefully and be accomplished for a documented legitimate reason. There is only so much "need-based" financial aid available, and it should be reserved for needy students.

If you claim to be an independent student, your school may ask you to submit proof before you can receive any federal student aid. If you think you have unusual circumstances that would make you an independent student even though none of the six criteria applies to you, talk to your financial aid administrator. He or she can change your status if he or she thinks your circumstances warrant it based on the documentation you provide. But remember, the financial aid administrator won't automatically do this. The decision is based on his or her judgment, and it is final. – you can't appeal it to the U.S. Department of Education.

The following worksheet is designed to assist your FAA in gathering information to help them in their determination of your dependency status if you have special circumstances. Please provide as much information as possible. Your answer to #3 is especially important. Use additional paper if necessary. Numbers 4 & 5 will show your FAA that you have adequate resources to cover your living expenses without your parents' assistance.

DEPENDENCY STATUS WORKSHEET 2004/2005

There are federal requirements that a student must meet to qualify for financial aid as an independent student. If you do not meet any of the criteria, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. There are circumstances that may warrant your Financial Aid Administrator to reevaluate your status. Providing the following information will assist your Financial Aid Administrator to make this determination.

1. List the amount of financial support you received from your parents in the last twelve months: \$_____. This twelve month period is from _____(mo/yr) to _____(current mo/yr).

2. Identify other support you receive from your parents (*health insurance, room & board while living at home, etc.*):

Type of Parental Support	Amount
	\$
	\$
	\$
	\$

3. If your parents are unwilling or unable to provide their financial information to complete your Free Application for Federal Student Aid (FAFSA), please explain and list several references who can corroborate this explanation:

4. Please indicate amount and source of your annual income for 2003 & 2004. (*Wages, interest income, monetary gifts from person other than parents, etc.*)

Year	Amount	Source
2003	\$	
2004	\$	

Please indicate your expenses for 2003 & 2004 (*Please explain if any amounts are zero*):

Expenses	2003	2004
Housing	\$	\$
Utilities/Food	\$	\$
Transportation	\$	\$
Child Care and/or Dependant care	\$	\$
Personal (<i>clothing, entertainment</i>)	\$	\$
Other	\$	\$
TOTAL	\$	\$

I certify that all of the information on this worksheet is complete and true to the best of my knowledge.

Student's Signature

Date

Parent's Signature (If appropriate)

Date