



Parent(s) Request for Professional Judgement Review 2017 - 2018 Award Year

Check One: <input type="checkbox"/> New/Returning New Student <input type="checkbox"/> Continuing Student			<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">H</td> <td style="width: 20px; height: 20px;">C</td> <td style="width: 20px; height: 20px;">O</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	H	C	O					
H	C	O									
Last Name _____	First Name _____	M.I. _____	SID# _____								
Permanent Mailing Address (include apt. no.) _____			<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">XXX</td> <td style="width: 20px; height: 20px;">- XX-</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>	XXX	- XX-						
XXX	- XX-										
City _____ State _____ Zip Code _____			Social Security Number _____								
(_____) _____ - _____ Check one: <input type="checkbox"/> Home <input type="checkbox"/> Cell			Date of Birth _____								
Day Time Phone Number _____			(_____) _____ - _____ Alternate Phone Number								

Financial aid eligibility for the 2017-2018 award year is calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA). The income and asset information that you submitted was evaluated by a formula called Federal Methodology as set by Congress. This formula assumes that 2015 income is a good predictor of your family's financial strength during the 2017-18 award year.

The Humphreys University Financial Aid Office recognizes that families may have a change in their current income or family situations that cannot be reflected in the 2015 tax return data. Section 479A of the Higher Education Act of 1965, as amended, authorizes Financial Aid Administrators, on a case-by-case basis for students with **"special circumstances"** that affect a family's ability to pay for a college education that is not reflected in the information provided on the Free Application for Federal Student Aid (FAFSA). A Request for Professional Judgement review may be submitted if you have extenuating circumstances as described in the chart below.

Please allow 3 to 4 weeks processing time from the time all documentation has been submitted. Note that your request for a professional judgement does not guarantee approval, or that you will be eligible for additional aid. In many cases professional judgment adjustments made to the FAFSA do not result in significant changes to the Expected Family Contribution (EFC). After receiving a professional judgment request, we will complete a preliminary review of the request to first determine if there will be any potential impact on a student's financial aid package before going through the formal professional judgment decision process.

Special Circumstances and Required Documentation

NOTE: If your Request for Professional Judgement review is processed at the end of the 2017 fiscal year, you may be required to submit a 2017 federal income tax return, Schedule C (if applicable), and 2017 W2(s).

Special Circumstance	Required Documentation
<p>Loss or a Change in Employment --- injury, full time to part time employment, left job to return to school, loss of benefits, layoff, termination, quit job</p>	<ul style="list-style-type: none"> Detailed letter explaining your circumstances (must be typed) Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C Copy of 2015 W2(s) Letter from former employer(s) stating last date of employment Letter from EDD stating your unemployment benefits or denial of benefits Unemployment pay stubs Last pay stubs showing hours worked, pay rate, YTD earnings from all jobs held in 2017 Other proof of household income anticipated for 2017, even if income for one parent has not changed

Continue on back.

<p>Loss or a Change in Child Support, Social Security, Unemployment Benefits, Disability or Other Benefits</p>	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances (must be typed) • Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C • Copy of 2015 W2(s) • Letter from the awarding agency listing amount to be received in 2017 reflecting reduction/cancellation and income paid to date • Proof of household income anticipated for 2017, even if income for one parent has not changed
<p>Separated or Divorced After Filing the 2017-18 FAFSA</p>	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances including dates and details as to the disposition of income, assets, and etc. (must be typed) • Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C • Copy of 2015 W2(s) • Proof of household income anticipated for 2017
<p>Death of a Parent</p>	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances (must be typed) • Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C • Copy of 2015 W2(s) • Death certificate or obituary notice • Proof of household income anticipated for 2017
<p>One-Time Income for Life Changing Event</p>	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances (must be typed) • Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C • Copy of 2015 W2(s) • Documentation to identify the source of income • Itemized statement showing funds were spent • IRS 1099-R (if applicable) • Proof of household income anticipated for 2017, even if income for one parent has not changed
<p>Retirement</p>	<ul style="list-style-type: none"> • Detailed letter explaining your circumstances (must be typed) • Copy of 2015 tax return transcript, IRS 1040X if corrections were made, Schedule C • Copy of 2015 W2(s) • Letter of separation from employer and copy of retirement benefits statement • Copy of last pay stub showing earnings prior to retirement • Proof of household income anticipated for 2017, even if income for one parent has not changed



Father/Step-father Statement of Reduction in Income and/or Benefits

A. Student/Father Information

Student Name (Print)	SSN	HC
Father/Step-father Full Name (Print)		

B. Income and/or Benefits received in 2015

Adjusted Gross Income reported on your 2015 IRS Tax Transcript	\$
Other untaxed income/benefits received in 2015	\$
Total 2015 income and/or benefits:	\$

C. Reason(s) for Loss of Income (check all that applies)

Effective Date

<input type="checkbox"/>	Loss or a change in employment	
<input type="checkbox"/>	Loss or a change in child support, social security, unemployment benefits, disability or other benefits	
<input type="checkbox"/>	Separated or divorced after filing the 2017-18 FAFSA	
<input type="checkbox"/>	Death of a parent	
<input type="checkbox"/>	One-time income for life changing event	
<input type="checkbox"/>	Retirement	

D. Report all income you expect to receive during the 2017 calendar year (January 2017 – December 2017). You must attach supporting documentation for all income reported below.

1) Did you received income from work?.....										<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Is this person still employed?.....										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment period beginning 01/01/2017:		-		-		to		-		-	
Amount per month:	\$										
Annual total:	\$										
3) Did you received unemployment benefits?.....										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment period beginning 01/01/2017:		-		-		to		-		-	
Amount per month:	\$										
Annual total:	\$										
4) Did you received severance pay?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Annual total:	\$										
5) Did you received alimony?.....										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment period beginning 01/01/2017:		-		-		to		-		-	
Amount per month:	\$										
Annual total:	\$										
6) Payments to tax deferred pension and savings plans (paid directly or withheld from earnings).....										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment period beginning 01/01/2017:		-		-		to		-		-	
Amount per month:	\$										
Annual total:	\$										

7) IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
8) Child support received for any of your children. Don't include foster care or adoption payments..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
9) Tax exempt interest income..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
10) Untaxed portions of IRA distributions (exclude rollovers)..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
11) Untaxed portions of pensions..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
12) Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
13) Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
14) Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability benefits, etc..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
15) Money received, or paid on your behalf (e.g., bills) not reported elsewhere on this form..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Annual total:	\$																	

E. Total Income Expected for 2017

Total income (section D lines 1 – 15):	\$
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Mother/Step-mother Statement of Reduction in Income and/or Benefits

A. Student/Mother Information

Student Name (Print)	SSN	HC
Father/Step-mother Full Name (Print)		

B. Income and/or Benefits received in 2015

Adjusted Gross Income reported on your 2015 IRS Tax Transcript	\$
Other untaxed income/benefits received in 2015	\$
Total 2015 income and/or benefits:	\$

C. Reason(s) for Loss of Income (check all that applies)

Effective Date

<input type="checkbox"/>	Loss or a change in employment	
<input type="checkbox"/>	Loss or a change in child support, social security, unemployment benefits, disability or other benefits	
<input type="checkbox"/>	Separated or divorced after filing the 2017-18 FAFSA	
<input type="checkbox"/>	Death of parent	
<input type="checkbox"/>	One-time income for life changing event	
<input type="checkbox"/>	Retirement	

D. Report all income you expect to receive during the 2017 calendar year (January 2017 – December 2017). You must attach supporting documentation for all income reported below.

1) Did you received income from work?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Is this person still employed?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment period beginning 01/01/2017:		-	-
Amount per month:	\$		
Annual total:	\$		
3) Did you received unemployment benefits?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment period beginning 01/01/2017:		-	-
Amount per month:	\$		
Annual total:	\$		
4) Did you received severance pay?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual total:	\$		
5) Did you received alimony?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment period beginning 01/01/2017:		-	-
Amount per month:	\$		
Annual total:	\$		
6) Payments to tax deferred pension and savings plans (paid directly or withheld from earnings).....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment period beginning 01/01/2017:		-	-
Amount per month:	\$		
Annual total:	\$		

7) IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
8) Child support received for any of your children. Don't include foster care or adoption payments..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
9) Tax exempt interest income..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
10) Untaxed portions of IRA distributions (exclude rollovers)..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
11) Untaxed portions of pensions..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
12) Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
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Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
14) Other untaxed income not reported in items 45a through 45h, such as workers' compensation, disability benefits, etc..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Amount per month:	\$																	
Annual total:	\$																	
15) Money received, or paid on your behalf (e.g., bills) not reported elsewhere on this form..... <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Payment period beginning 01/01/2017:			-						to			-						
Annual total:	\$																	

E. Total Income Expected for 2017

Total income (section D lines 1 – 15):	\$
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Certification Statement 2017 - 2018 Award Year

Student Name (Print)	SID	HC
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We certify that the submitted information provide in this packet is true and correct to the best of our knowledge and belief. We have read each section and have provided required documentation. We understand that underestimating projected income could result in reduced eligibility and/or repayment of aid/or denial of future reviews/appeals, in this and/or future years.

By signing this form, we certify that all the information reported is complete and true. We understand that if we are found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this request will be denied. We authorize Humphreys University to verify any information provided by us pertaining to the student's financial aid eligibility.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail or both.

Student signature: _____

Date: ____/____/____

Parent signature: _____

Date: ____/____/____