

PROFESSIONAL JUDGEMENT FORM

Last Name	First Name	Middle Initial	ACC ID Number
ACC Email Address		Phone Nur	nber

Instructions: Please select the appropriate option reflecting your special circumstance, and attach the requested documentation. <u>Failure to provide the required documentation will result in the denial of your appeal by the committee.</u> All information will become a part of your confidential financial aid record and cannot be returned. Be sure to include your ACC ID on all pages of documentation. You will receive notification from the Professional Judgment Committee via your ACC email within two weeks regarding the outcome of your appeal.

*ALL OF THE BELOW REASONS WILL NEED THE FOLLOWING DOCUMENTATION:

- Detailed Cover Letter explaining the situation
- 2023-2024 Verification Form
- Student, Spouse and/or Parent(s) 2021 Federal Income Tax Transcript and W2s, IF DRT tool not used

*LOSS OF INCOME

You, your parent(s) or your spouse have experienced a loss of income due to one of the following reasons:

☐ Loss of Income Due to Retirement or Disability

You, your parent(s), or your spouse were employed in 2021, but are now not working due to retirement or a disability. **The required additional documentation is:**

- Copy of the retirement notice or the notice of declaration of disability with dates
- Documentation identifying the loss of income.

☐ Loss of Income Due to Termination or Job Loss

You, your parent(s) or spouse were employed in 2021, but are now unemployed.

The required additional documentation is:

- Letter from employer documenting date of layoff or termination
- Documentation of unemployment benefits
- WIA benefits, actual disability and Social Security Benefits received or to be received
- Three most recent pay stubs if currently employed

☐ Loss of Income Due to Reduction of Earned Income (Wages)

You, your parent(s), or your spouse were employed in 2021, but have experienced a substantial reduction of earnings. **The required additional documentation is:**

- Verification from your employer of a reduction in earnings due to a change in employment or a natural disaster.
- Three most recent pay stubs if currently employed

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☐ Loss of Income Due to Death of Parent or Spouse

Your parent or spouse passed away during since 2021.

The required additional documentation is:

- Student, Spouse and/or Parent(s) 2021 Federal Income Tax Transcript or 1040 form and W2s
- Documentation identifying the loss of income

□ Loss of Income Due to Divorce

Your parents or you and your spouse were a married couple at the time of completing the FAFSA but have since divorced. **The required additional documentation is:**

- Copy of filed for Divorce or Divorce decree if already finalized.
- Copy of the order for child support paid or received (if applicable)
- Documentation identifying the loss of income (if applicable).
- Student, Spouse and/or Parent(s) 2021 Federal Income Tax Transcript or 1040 form and W2s

You, your parent(s) or your spouse have experienced unforeseen curacademic year.	recumstances and/or expenses during the current
The documentation required is:	
Dependent Care Allowance: day care or care properties.	rovider receipts and a letter from the childcare ollment and the amount paid per child during that
 Computer Purchase: a dated sales receipt outling estimated price quote from the computer vendor must be turned in within 30 days or Professional Maximum amount allowed \$2,150 or a Only one computer purchase will be all 	on the vendor's letterhead [actual purchase receipt Judgment will be invalidated]. ctual quote, whichever is less.
C. UNUSUALLY HIGH UNINSURED OR UNREIMBURSED MEDICAL, OF	TICAL, AND/OR DENTAL EXPENSES
You, your parent(s) or your spouse have incurred unusually high uninsur expenses (including insurance premiums in 2021 and/or 2022 that are in reported on the 2023-2024 FAFSA.	ed or unreimbursed medical, optical, and/or dental
The required documentation is:	ata andan]
 A detailed list of expenses to be considered [in d A copy of the receipts showing the amount(s) yo and/or 2022 [in date order] 	
(Please note that if you are filing due to medical expenses incurred with insurance illustrate the amount paid by insurance and the amount paid out of pocket.)	ee, the receipt(s)/document(s) need to clearly
D. OTHER UNUSUAL CIRCUMSTANCES OR ONE TIME LUMP SUM	
You, your parent(s) or your spouse have experienced costly unusual expenses.	enses in 2021 that may affect your ability to cover
The required documentation is	
Documentation identifying the unusual circumsta (If requesting a lump sum removal, you MUST attach documentation showing for	
CERTIFICATION AND SIGNATURES	
I/we certify that the information and documentation provided is accurate and counderstand that if the requested information or documentation is not provided, the spectruther review.	
Student Signature	Date
Parent Signature (Only for Dependent Students)	Date

B. COST OF ATTENDANCE INCREASE