

2022-2023 Professional Judgment Dependent Student Application

Name _____ *please print* Banner ID _____

Bravemail _____@bravemail.uncp.edu Phone _____

The Office of Financial Aid may use Professional Judgment (PJ) on a case-by-case basis only to adjust the student’s cost of attendance or the data used to calculate the student’s Estimated Family Contribution (EFC). The reason for the adjustment must be documented and submitted along with this application.

STEP ONE: Explanation of Special Circumstances

Provide a typed, detailed letter of explanation regarding your current situation that you are asking us to consider. Please remember to include applicable dates and any documentation supporting your circumstance. If sufficient documentation is not provided, the Professional Judgment Application will be denied as the application will be incomplete.

STEP TWO: Explanation of Circumstances and Additional Required Documents

SITUATION (check the box for your situation)	REQUIRED DOCUMENTATION (check if included)
<input type="checkbox"/> Your parent(s) had a total loss of full-time employment for at least 10 weeks in 2021 or 2022. <input type="checkbox"/> Your parent(s) lost employment due to a disability or federally designated natural disaster for more than 10 consecutive weeks in 2021 or 2022. This situation must be a total loss of employment Name of person unemployed: _____ Their relationship to student: _____ Number of weeks unemployed in 2021 or 2022: _____	<input type="checkbox"/> Copies of 2020 and 2021 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2020 and 2021 W-2 and 1099 forms <input type="checkbox"/> 2022-2023 Dependent Verification Worksheet <input type="checkbox"/> Employer’s written notice of termination of employment <input type="checkbox"/> Copies of most recent pay stubs for all 2022 employment <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> Attending physician’s statement of disability <input type="checkbox"/> Document date disability/disaster caused unemployment <input type="checkbox"/> Documentation of employer disability payments <input type="checkbox"/> Documentation of Worker’s Compensation received <input type="checkbox"/> Document Official Declaration of Natural Disaster status
<input type="checkbox"/> Your parent(s) had a total loss of untaxed income. Benefit Lost: <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support Last Date Benefit Received: _____	<input type="checkbox"/> Copies of 2020 and 2021 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2020 and 2021 W-2 and 1099 forms <input type="checkbox"/> 2022-2023 Dependent Verification Worksheet <input type="checkbox"/> Benefit provider’s notification of loss of benefit <input type="checkbox"/> Copies of most recent pay stubs for all 2022 earnings <input type="checkbox"/> Document all others sources of income (taxed & untaxed) <u>In Addition (as applicable)</u> <input type="checkbox"/> <i>Benefit Payment History</i> for all unemployment compensation <input type="checkbox"/> Court documents verifying date of loss of child support

<input type="checkbox"/> You have already filed your FAFSA and since that time: <input type="checkbox"/> Your parents separated/divorced. Date: _____ <input type="checkbox"/> Your parent has passed away. Date: _____	<input type="checkbox"/> Copies of 2020 and 2021 IRS Tax Return Transcripts <input type="checkbox"/> Copies of all 2020 and 2021 W-2 and 1099 forms <input type="checkbox"/> 2022-2023 Dependent Verification Worksheet <input type="checkbox"/> Copy of student's birth certificate <u>In Addition (as applicable)</u> <input type="checkbox"/> Copy of court documented separation/divorce <input type="checkbox"/> Copy of parent's death certificate or obituary
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STEP THREE: 2022 Projected year income and benefits.

Complete this section to the best of your ability to predict your 2022 income	Parent One	Parent Two
Expected 2022 income earned from work	\$	\$
Expected 2022 U.S. income tax to be paid	\$	\$
Expected 2022 unemployment benefits	\$	\$
Expected 2022 other taxable income and benefits type: _____	\$	\$
Expected 2022 untaxed income and benefits type: _____	\$	\$

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that, if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid will review all requests on a case by case basis and make adjustments if deemed appropriate. Finally, we understand that the financial aid administrator's decision is final and cannot be appealed.

Student's Signature

Date

Parent's Signature

Date

Parent's E-mail address

Parent Cell Phone Number