



Professional Judgment Request Due to Special Circumstances 2021-2022

Financial aid eligibility for the academic year is calculated based on the information you provided on the Free Application for Federal Student Aid (FAFSA). For the 2021-2022 academic year, FAFSA uses 2019 tax return information to determine financial aid eligibility.

The Financial Aid Office recognizes that many families have changes in income or family situation that cannot be reflected in the 2019 tax return data. Therefore, it is possible for students to appeal their financial aid eligibility if they have unique financial circumstances.

For Office Use Only:	
Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verif. Done?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
EFC =	
Primary Reviewer:	
Secondary Reviewer:	

NOTIFY THE STUDENT FINANCE OFFICE: if you have an unpaid tuition balance and are awaiting the results of this request

Student Information

Student ID #	Student's Last Name	Student's First Name	MI
Address	City	State	Zip
Program of Study	Phone Number ()	Email Address (other than school email)	

Instructions

Students must be admitted into a Financial Aid eligible program before submitting this form.
Requests **will NOT be reviewed** if your current **EFC** (Expected Family Contribution) is **100 or lower**.

A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid.

Circumstances may include, but are not limited to:

- Loss or change of employment
- Loss or change in amount of child support, Social Security, or other benefits
- Death, Divorce or Separation of parents or spouse
- Unusual medical expenses (not covered by insurance)
- One-time taxable income used for life changing events (e.g. IRA, pension distribution, back-year Social Security payments)

Circumstances that are NOT considered special and will NOT be reviewed:

- Standard living expenses (utilities, credit card payments, mortgages, rent, medical insurance premiums)
- Chapter 7 personal bankruptcy
- Anything that "might happen" in the future such as a pending reduction in income
- All other discretionary expenses.

Who Experienced the Special Circumstance: (check all that apply)

<input type="checkbox"/> YOU (the Student)	<input type="checkbox"/> Student's Spouse	<input type="checkbox"/> Father / Step-Father	<input type="checkbox"/> Mother / Step-Mother
Name (first, last):			
Phone Number:			
Email Address:			

Each Special Circumstances Form Must Include the Following:

- ✓ This form, completed, signed, and dated by student and the spouse or parent (if applicable).
- ✓ Type and attach a **self-written/signed letter** explaining your situation.
 - Include as much detail as possible, including dates, figures, etc. so that we have an accurate understanding of how your financial situation has changed and what it will be between 7/1/2021 and 6/30/2022.

- ✓ SUPPORTING DOCUMENTATION for affected individuals (such as: workers compensation benefits statement).

Incomplete request forms will not be reviewed until all documentation has been submitted.

Please Indicate The Special Circumstance(s) You Would Like Our Office to Consider:

Check Reason	Documentation Required
Loss of Employment Who has been affected? <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your parent(s)	Effective Date: _____ Name of Employer and Hire Date: _____ Please attach: ✓ Did you voluntarily or involuntarily leave your job? _____ Voluntarily _____ Involuntary (response required) ✓ Was your job loss related to the COVID-19 pandemic? _____ Yes _____ No (response required) Please list the date of job loss: _____ ✓ Letter or notification from employer concerning loss of job. ✓ Are you receiving or <u>expecting to receive</u> unemployment benefits? _____ Yes _____ No (response required) <i>(if receiving unemployment benefits, provide documentation and amount)</i> ✓ Have you applied for or do you expect to apply for an extension of unemployment benefits? _____ Yes _____ No (response required) ✓ Is there a severance package? (if yes, provide documentation and amount) ✓ Copy of last pay stub ✓ Attach documentation for any other source of income (business, farm, in-kind support, etc.)
Reduction in Income Who has been affected? <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your parent(s) (Will total income be less in 2021 than what was reported on 2019's tax return?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Income Change: _____ Name of Employer and Hire Date: _____ Please attach: ✓ Letter or notification from employer addressing the change in job status. ✓ Copy of last pay stub reflecting previous pay rate. ✓ Copy of current pay stub reflecting current pay rate and year-to-date earnings. ✓ Was your reduction in income or job loss related to the COVID-19 pandemic? _____ Yes _____ No (response required) ✓ In your personal letter explaining your special circumstances, you must include your new salary or hourly wage and your hours scheduled per week.

<p>Reduction or Loss of Untaxed Income and/or Benefits</p> <p>Who has been affected?</p> <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Your spouse</p> <p><input type="checkbox"/> Your parent(s)</p>	<p><input type="checkbox"/> Unemployment Benefits:</p> <p>✓ Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received.</p> <p><input type="checkbox"/> Child Support:</p> <p>✓ Attach a copy of Court or Child Service Agency documents stating benefit ending date, monthly amount received, and total amount received in 2019 for specific child or children.</p> <p>✓ Attach a copy of the divorce decree.</p> <p><input type="checkbox"/> Social Security:</p> <p>✓ Attach a copy of the notification you received concerning your loss of Social Security income stating the benefit ending date and monthly amount received.</p> <p><input type="checkbox"/> Other: Please specify:</p> <hr/> <p>✓ Attach supporting documentation from the resource, describing the benefit, the timeline it was received, the reason(s) it is no longer available, the ending date, and monthly amount received.</p>
<p>One-time taxable income distribution (examples: IRA, Pension distribution, back-year Social Security Payments, withdrew from retirement to meet unexpected needs, received inheritance)</p> <p>Who has been affected?</p> <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Your spouse</p> <p><input type="checkbox"/> Your parent(s)</p>	<p>✓ Copy of 2019 Tax Return Transcript or 2019 tax return (signed and dated).</p> <p>✓ 2019 W-2 form(s)</p> <p>✓ Copy of the most recent Tax Return Transcript or tax return (signed and dated).</p> <p>✓ Documentation to identify the source of the income. (such as: 1099-R or SSA-1099)</p> <p>✓ Proof of payment and an itemized statement showing how the funds were spent (such as: cancelled checks, receipts, bank statements.)</p>
<p>Student's parent has retired</p> <p>Who has retired?</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p>	<p>✓ Social Security benefits statement.</p> <p>✓ Documentation of monthly income sources from all retirement income, including social security</p>

<p>Reduction in Income Due to Death of a Spouse or Parent</p> <p>Deceased is:</p> <p><input type="checkbox"/> Your spouse</p> <p><input type="checkbox"/> Parent</p>	<p>✓ A copy of the death certificate or obituary notice.</p> <p>✓ Are there survivor benefits (Social Security, life insurance, etc.)?</p> <ul style="list-style-type: none"> • Yes – Provide documentation. • No – Provide statement in your letter indicating no benefits are to be received.
<p>Unusually high non-reimbursed medical bills</p> <p>Who has been affected?</p> <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Your spouse</p> <p><input type="checkbox"/> Your parent(s)</p>	<p>✓ Copy of 2019 Tax Return Transcript or 2019 tax return (signed and dated).</p> <p>✓ 2019 W-2 form(s)</p> <p>✓ Please submit proof of payment.</p>
<p>Other</p> <p>Who has been affected?</p> <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Your spouse</p> <p><input type="checkbox"/> Your parent(s)</p>	<p>✓ Contact our office to explain your situation to determine required documentation.</p>

Requests are typically reviewed within 6 – 8 weeks. Depending on your circumstances and current eligibility, the review may or may not warrant a change in your overall financial aid package. The Financial Aid Office will notify you of the results with an email to your NTC student email account. If you have any questions, please feel free to email our office at financialaid@ntc.edu.

Certification:

I certify that the information provided on this form and accompanying documentation is true and correct to the best of my knowledge. I understand that underestimating projected income or giving false or misleading information could not only result in reduced eligibility, repayment of aid, or both in the current or next academic year; but also result in being referred to the United States Department of Education's Inspector General leading to fines, jail, or both. I further understand that submission of this form does not guarantee an increase in my financial aid package.

Student Signature

ID #

Date

Spouse's or Parent's Signature

Date

<p>Return documentation to the Financial Aid Office via:</p> <p>Email: financialaidadjustment@ntc.edu</p> <p>Mail: 1000 W Campus Drive, Wausau WI 54401</p> <p>Fax: 715.301.2904</p> <p>OR: drop off at the Financial Aid Office</p>	<p>A financial aid advisor is available to discuss your situation or answer questions as you complete this form. Please feel free to call us for assistance at 715.803.1647 or 888.NTC.7144.</p> <p>Decisions on special circumstances vary by institution and are at the discretion of the Financial Aid Office.</p>
---	---