



2025-2026 Professional Judgement Request – Income Adjustments – **DEPENDENT**

Student Name _____ Student ID# _____

This form may be used for the 2025-2026 school year if the financial situation of your household has recently changed because of loss of employment or benefits, separation or divorce, death, extraordinary medical expenses, or the inflation of the income reported on the FAFSA by a one-time financial distribution.

Sec. 479A of the Higher Education Act of 1965, as amended, authorizes financial aid administrators to use professional judgment on a case by case basis for students with special circumstances that significantly affect a family's ability to contribute to the cost of higher education. Professional Judgment allows a financial aid administrator to adjust a student's financial aid, or need, based on special circumstances such as, but not limited to, those listed above. Special circumstances do not include the recurring costs that are considered standard living expenses and/or consumer debt. Submitting this request does not guarantee an adjustment will be made to your aid package. Decisions are final and will be communicated directly to the student via e-mail.

Requests for professional adjustments will be considered after you receive your initial award offer for the 2025-2026 aid year. We recommend that you accept your initial financial aid package. After reviewing your documentation, your aid package may remain the same or be adjusted based on the financial information that has been submitted.

Section A – Unique Situations for Consideration – Please review and indicate which situation applies to you. Documentation listed as required must be submitted along with this form to review your request. Additional documentation that helps support your request, even if not listed as required, can be submitted as well. List your name and ID number at the top of all submitted documents.

Unique Situation	Dependent Student	Required Documentation
<input type="checkbox"/> Loss of Employment A student or parent who earned money in 2023 and/or 2024 has lost his/her job, & he/she has been unemployed for at least 10 weeks	You or your parent(s) income earned in 2024 will be less than what was earned in 2023 and/or 2024	* 2023 and/or 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Unemployment Award Letter * Last pay stub showing year-to-date earnings * Termination notice from employer
<input type="checkbox"/> Other Loss of Income * Alimony * Child Support * Retirement/Pension * Social Security (taxed) * Worker' Compensation * Decrease in income	You or your parent(s) received benefits in 2023 which have ceased or been reduced in 2023 and/or 2024 . You or your parent(s)' 2023 or 2024 income will be reduced due to a change in number of hours worked while attending school or as a result of changing employers.	* 2023 and/or 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Original 2023 and/or 2024 Benefit statement listing total amount received * Revised 2023 and/or 2024 Benefit statement and/or court documents listing updated amount to receive and effective date * Letter from employer verifying the reduced number of hours
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2025. Date of change: ____/____/____	* 2023 and/or 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Divorce decree or separation agreement or proof of separate addresses
<input type="checkbox"/> Death of a Parent	A parent has died AFTER filing the FAFSA.	* 2023 and/or 2024 US Federal IRS Tax Transcript * W-2 Wage statements * Death certificate
<input type="checkbox"/> One Time Payment Received: * Pension or IRA * Annuities * Settlement * Other _____	You or your parent(s)' received a one-time lump sum payment of monies in 2023.	* Explanation of how one time funds were used * 2023 US Federal IRS Tax Transcript * W-2 Wage statements * Documents detailing amount, source, reason
<input type="checkbox"/> Significant Medical Expenses	You (and/or your parents) paid expenses not covered by insurance and are over the expected cost of attendance. 2025-2026 Total medical expenses \$ _____	* Copy of billing statements and/or receipts of payment * Statement regarding the specific nature of the family's medical expenses. * Insurance EoB showing portion not covered by plan

Student Name _____ Student ID# _____

Section B – Explanation of Unique Situation – You must attach a written statement detailing the specifics of your situation and provide any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement and include your student ID number. **Your parent must also sign this statement.**

Section C – Projected Income & Benefits from: Please check the box to indicate if projected income is for calendar or academic year.

☐ Calendar Year: January 2025 through December 2025

☐ Academic Year: May 2025 through May 2026

You are required to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" - do not leave any blanks. In addition to the required documentation listed on page 1, you must submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub).

Source of Income	Student Amount	Mother/Step Mother Amount	Father/Step Father Amount
Wages, Tips, Salary			
Interest and/or Dividend Income			
Worker's Compensation			
Pensions and/or Annuities			
Severance Pay			
Retirement Benefits			
Disability Benefits			
Social Security Benefits			
Child Support			
Alimony			
Welfare Benefits			
Other: _____			
Total of All Income			

Section D – One Time Payment Amount in 2023 – If your appeal is for a One Time Payment received in 2023, please enter the amount received below.

Source of Income	Student Amount	Mother/Step Mother Amount	Father/Step Father Amount
Total			

Section E – Statement of Certification – All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid funds received. I understand that all requests are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Financial Aid Office Use Only		
Comments:		
Action Taken:		
<input type="checkbox"/> RHACOMM updated	<input type="checkbox"/> Email sent to Student	<input type="checkbox"/> Email sent to MCM
Financial Aid Advisor Signature:		Date:
Associate Director Signature:		Date:
Date Corrections Submitted to COD:		
Date Corrections Received from COD:		