

# Professional Judgment Form 2025-2026

Eligibility for 2025–2026 financial aid—including federal, state, and institutional financial aid—is based on your 2023 tax information, which may no longer accurately reflect your current situation. The Higher Education Act, reauthorized in 1998, provides Colleges the ability to make case-by-case adjustments to a student's financial information so that it reflects their current ability to pay. These adjustments may impact a student's eligibility for financial aid.

Each student will be reviewed on a case-by-case basis and additional aid is not guaranteed. Please fill out thefollowing form in its entirety and **submit it through Self-Service**. Incomplete applications will not be processed. Please note that Part 1 is a separate document that you must complete and upload.

Personal Information		
Student Name	Student ID Number	

## Part 1: Explanation of Circumstances

Please include an additional document with a typed explanation of your current circumstances which you feelmay change your eligibility for financial aid. The more details you provide, the better we will be able to evaluate your situation. **Please upload this document through Self-Service**.

### Part 2: Required Documentation

From the list below, select **any** of the situations that apply to you and then fill out the appropriate section(s). Each section lists the required documents you must submit. The Student Resources and Financial Aid Officemay request additional documentation on a case-by-case basis. When at all possible, **official third-party documentation should be provided**. Additionally, each application must include the following verification documents, submitting them through Self-Service:

- Standard Verification document (available on Self-Service, see Helpful Links)
- Applications will not be evaluated until all required and requested documents have been submitted through Self-Service. All
  documents must be submitted through Self-Service. Student Resources and Financial Aid will not accept file submissions in any
  other format.

	Special or Unusual Circumstances	Fill Out
	Loss of income (due to job change, loss of job, etc.)	Section I
One-time taxable income that increased AGI Section II		Section II
Unusually high dependent care costs Section III		Section III
Unusually high medical expenses not covered by insurance Section IV		Section IV
Change in family circumstances (due to separation, divorce, or death)  Section V		Section V
Unusually high elementary or secondary tuition expenses Section VI		Section VI
	Dependency change (dependent to independent)	Section VII

#### Section I

### Loss of Income

Choose either 1-2 or 3-4	Student	Parents (if single)	Spouse (if married)
1. 2024 Adjusted Gross Income			
2. 2024 Income Tax Paid			
3. Income earned form January 1 <sup>st</sup> to date of occurrence (include all taxable income)			
4. 2025 anticipated income through December 31 (includeall anticipated sources of income)			

#### **Required Documents**

Please submit all the below required documents via Self-Service. If you selected 1-2 above, please submit the following:

- 2024 tax transcripts for parents and students who filed taxes
- 2024 W2s for parents and students who did not file taxes
- Termination notice showing last day employed (if applicable)
- Severance package (if applicable)

### If you selected 3-4 above, please submit the following:

- Two most recent paystubs (if working)
- Last two paystubs at prior pay rate
- Termination notice showing last day employed (if applicable)
- Severance package (if applicable)

### Section II

## One-time taxable income

Recipient of Income	Student	Parent
Source of income		

### **Required Documents**

- 2024 tax transcripts for parents and students who filed taxes
- 2024 W2s for parents and students who did not file taxes
- Any documents related to the one-time income (e.g. 1099-R)
- Two most recent paystubs from the recipient of the income

### Section III

# **Dependent Care Costs**

Dependents receiving care (list name, age, and relation to student)	
Service provider(s) (name and address)	
Monthly cost	
Start date of care	

### **Required Documents**

Please submit all the below required documents via Self-Service:

• Statements from care providers showing expenses

### Section IV

## Unusually High Medical Expenses

Total cost of one-time medical	
expense(s) not covered by	
insurance (surgery, ER visit, etc.)	
Any recurring medical expense(s)	
not covered by insurance	
(prescriptions, treatments, etc.)	

### **Required Documents**

- Copy of Schedule A from 2023 or 2024 federal tax return (if available)
- Statements from doctors, hospitals, or insurance companies showing charges and payments

Student: Student ID:

#### Section V

## Change in Family Circumstances

Please select the appropriate option and complete the corresponding section below.	
Change in Marital Status	
Death of a Family Member	

Change in Marital Status		
Date of Separation / Divorce (mm/dd/yy)		
	Father/Stepfather	Mother/Stepmother
Please indicate the custodial and non-		
custodial parents:		
Which parent is submitting this Professional		
Judgment Form		
Please indicate the number of dependents ineach		
parent's household under the age of 24:		
Please briefly explain the property settlementin the		
separation / divorce agreement (include property,		
assets, etc.):		
Are the family members experiencing a change in	Yes	No
marital status currently living in two		
separate households?		

#### **Required Documents**

Please submit all the below required documents via Self-Service:

- Documentation of second household expenses (if applicable)
- Listing of child support and/or alimony expected to be paid and/orreceived (if applicable)
- Documentation of property settlement (if applicable)

Death of a Family Member		
Relationship of the deceased family member to the student:		
Date of passing (mm/dd/yy):		
Benefits of surviving dependents and spouse(if	Total Life Insurance Benefits:	
applicable)	Monthly Social Security Benefits:	
	Monthly Veterans Adm. Benefits:	
	Monthly Pension:	
Expenses:	Medical (not reimbursed by	
	insurance):	
	Legal Fees:	
	Other (please specify in Part I)	

### **Required Documents**

- Documentation of expenses
- Documentation of benefits, with amounts (if applicable)
- Documentation of other distributions form inheritance and assets (if applicable)

### Section VI

## Unusually High Elementary or Secondary Tuition Expenses

	Student	Parents (if single)/Spouse (if married)
Monthly tuition costs		
Any additional expenses (supplies, transportation, etc.)		
Required Documents	Documentation of the unusual or extraordinary circumstances requiring private education     Documentation of tuition	
	Documentation of additional expenses (if applicable)	

### **Required Documents**

- Documentation of the unusual or extraordinary circumstances requiring private education
- Documentation of tuition
- Documentation of additional expenses (if applicable)

### Section VII

## Change of Dependency

Reasons that <b>do not qualify</b> fora change of dependency	Parents refuse to contribute to the student's education      Parents refuse to City and FAESA®
change of dependency	<ul> <li>Parents refuse to fill out the FAFSA®</li> <li>Parents do not claim the student as a dependent for tax purposes</li> <li>Student is financially self-sufficient</li> </ul>
Stated reasons for requesting a change in dependency. Please check any that apply	<ul> <li>Marriage</li> <li>Marriage Abandonment</li> <li>Abusive family environment where safety or health are threatened</li> <li>Unable to locate parents</li> <li>Unaccompanied student who is self-supporting and at risk of being homeless</li> <li>Other (please describe the circumstances in Part I)</li> </ul>

### **Required Documents**

- Official statements from any of the following that explain your circumstances
- Marriage Certificate
- All tax items generally required for requested dependency status
- Mental health professionals
- High school counselors
- Social workers, mentors
- Doctors
- Clergy
- Law enforcement agencies