Financial Aid Professional Judgment Request
Necessary Documentation

❖ Loss of Income: Applies to loss of income due to unemployment, reduction of income, death of parent/spouse or divorce.

☐ 2014 Tax Return Transcript (or signed copy of 2014 income tax return (Puerto Rico) and W-2
☐ Letter from the employer outlining the situation (e.g. lay off, resignation, retirement, reduction in hours), last date of employment and total salary and benefits paid for the year. Must explain provisions for any severance pay or other relevant termination benefits.
☐ Letter from new employer with employment date and income
☐ Copy of Resignation Letter
☐ Government Benefits Verification: ___ Food Stamps, ___ Unemployment benefits
☐ Copy of the divorce decree/separation agreement
☐ Certificate of Death
☐ Social Security benefits for the surviving spouse or children
☐ Income Evidence for 20___
☐ Copy of Divorce decree/agreement
☐ Evidence of Alimony and/or child support

❖ Dependency Status
☐ Evidence of the abusive situation at home which is detrimental to your physical or mental well being such as abandonment by both parents, history of parental alcohol or drug abuse, or incarceration of the custodial parent.

❖ Medical Expenses: Applies only to excessive medical expenses not covered by an Insurance
☐ Documentation from your Health Insurance denying medical expenses payment
☐ Schedule A from IRS income tax return
☐ Receipts

❖ Other:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

Should you have any question, contact the Financial Aid Office at 407-677-7000 ext. 806.
Financial Aid Professional Judgment Request

Name: ____________________________  Social Security: ________________

Address: ________________________________________________________________

E-mail address: ______________________  Phone: ____________________________

You may request a Financial Aid Professional Judgment under any of the following events: Loss of Income, Dependency Status, and Unusual Medical Expenses. To determine your eligibility for a Professional Judgment, you must provide precise information about your situation. Please submit this application with all the required documentation as soon as possible. Incomplete applications will not be processed.

IMPORTANT: Before submitting this application you must complete the 2015-2016 Free Application for Federal Student Aid (FAFSA).

I. Identify the reason for your request:

☐ Loss of Income
☐ Dependency Status
☐ Unusual Medical Expenses

FA Office Use:  
Evaluation Date: ____________  Decision: ☐ Approved  ☐ Denied  
Comments: ________________________________________________________________

________________________________________________

________________________________________________

________________________________________________

FAA Signature: ____________________________
II. Provide a detailed explanation why you are requesting a Professional Judgment.
(If you need more space, you may attach additional pages.)

______________________________________________  ______________________________________
Student’s Signature                           Date

______________________________________________  ______________________________________
Parent/Spouse’s Signature                      Date
### III. Expected Income

Complete the following section with information about your expected income for **2015**.

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Spouse</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Salaries, Tips</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Pension</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Veteran’s Benefits (non educational)</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Disability Benefits</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Family support</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Alimony</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Savings</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Other:</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td></td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

**Total Expected Income**

|                        | $ _______ | $ _______ | $ _______ |

*The following benefits will not be reported in your FAFSA but you must notify the amount of the benefits.*

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Spouse</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
<tr>
<td>Social Security</td>
<td>$ _______</td>
<td>$ _______</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Hereby, I certify that all information submitted in this application is true and complete to the best of my knowledge. I understand that providing incorrect or fraudulent information is punishable by federal law and will make me accountable for the repayment of any funds received.

______________________________  _______________________
Student’s Signature          Date

______________________________  _______________________
Parent/Spouse’s Signature    Date