

2019-2020 Professional Judgement (PJ) Request

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.ccd.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Student Signature: _____ Date: _____

The Community College of Denver understands that special circumstances occur which may affect a student's financial aid eligibility. A request for Professional Judgment (PJ) is appropriate when you, your spouse, or your parent(s) experience a change in the income that was originally reported on your FAFSA or experience additional costs beyond those represented in CCD's annual cost of attendance or budget.

Please note: Approval of this application does not guarantee that you will receive additional financial aid.

Your application must be received by May 1, 2020 in order to be considered.

All Petitioners Must Complete:

- ☐ Include a brief typed statement that explains the reason(s) for the change as well as supporting documentation as proof of the change in income or additional costs.
- ☐ Include the 2019-2020 Verification Worksheet Form 1, available at the Financial Aid Office or www.ccd.edu/docs.

The items listed on pages 2 and 3 must be submitted with this form in order for your request to be considered. Additional documentation may be required. Please allow 4-8 weeks for your request to be reviewed.

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Reason for the request (please mark all that apply):

☐ **Reduction in income or earnings.** The following documents are required of anyone asking to have their income re-evaluated (for example: loss of employment, lump sum distribution from retirement). Please explain if you are unable to provide any required documents:

- 2017 federal tax return transcript
- If income was reduced in 2018: 2018 federal tax return transcript
- Signed, dated statement from previous employer(s), on employer letterhead, indicating the date the loss of income occurred
- If currently employed: 3 most recent paystubs from current employer (if you are submitting this request after January 1, 2020 we will require a copy of 2019 federal tax return transcripts or W-2s from all jobs held in 2019)
- If reporting a loss of military income, submit final leave and earnings statement
- Documentation of unemployment benefits, if applicable

I would like the following individual's income reviewed (select all that apply):

☐ Student ☐ Student's Spouse ☐ Both Parents (dependent student's only)

☒ Parent Name of Parent: _____ (Please note, W2's from the other parent may be requested if they filed a joint return)

Timeline of employment: Provide the dates of employment for all 2017, 2018 & 2019 jobs, for each individual requesting a review. Attach an additional sheet of paper if necessary.

Name: _____
Date of Employment: _____

Employer: _____

Name: _____
Date of Employment: _____

Employer: _____

Name: _____
Date of Employment: _____

Employer: _____

Estimation of Income: If currently employed, use the 3 most recent paystubs from current employer to determine current year-to-date earnings. For jobs that have ended in 2019 or 2020, use final paystub.

Name: _____
Pay Period Date/s: _____ - _____

Employer: _____
Gross Income each pay stub: \$_____

Name: _____
Pay Period Date/s: _____ - _____

Employer: _____
Gross Income each pay stub: \$_____

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Name: _____

Employer: _____

Pay Period Date/s: _____ - _____

Gross Income each pay stub: \$ _____

Total year-to-date earnings for 2019 as of today's date: \$ _____

If submitting after January 1, 2020: include year-to-date earnings for 2020: \$ _____

Did the individual(s) being reviewed receive a payment from a retirement account during 2017? ☐ Yes ☐ No

• If yes, was this a one-time payout? ☐ Yes ☐ No

• Are there funds remaining in the retirement account? ☐ Yes ☐ No

• If yes, explain and provide the total amount being accessed during 2019 and/or 2020:

☐ **Death of parent or spouse.** Provide the following:

- Name of deceased individual: _____
 - Relationship to student: _____
- Death certificate
- 2017 federal tax return transcript for family member(s) whose income is to remain included on FAFSA
- Most recent W-2s for student or parent whose income information is to remain included on the FAFSA

☐ **Other:**

- Paid medical bills in excess of 11% of your (and/or your parent(s)) 2017 adjusted gross income
 - Provide IRS Schedule A
- Additional costs associated with having a disability, etc.
 - Provide IRS Schedule A
- Adjustment to household size originally reported (explain and document reason for request)