

Alabama State University Office of Financial Aid 915 South Jackson Street Montgomery, AL 36104 (334) 229-4862 <u>finaid@alasu.edu</u>

# **Professional Judgment Request Form**

Academic Year:\_\_\_\_\_

## SECTION A: STUDENT INFORMATION

Name: \_\_\_\_\_\_

ID Number: \_\_\_\_\_

Professional Judgment is a process in which Financial Aid Administrators may evaluate a student's account for additional aid eligibility due to unique and unusual circumstances. A student must have a verified FAFSA on file with Alabama State University. If a FAFSA has already been submitted but was not selected for verification, the student must still complete the verification process. Students should continue the enrollment process of registration if they plan to attend ASU, and should not wait on the outcome of a professional judgment before completing these items. Not registering and/or not completing payment options may result in a loss of housing preference, loss of schedule, etc. Students should continually check HornetsWeb for updates or additional documentation requests. Please have the student's name and ASU ID on all documents to prevent processing delays.

Current = Two years prior to the CURRENT aid year (EX. <u>2025</u>-2026 = 2023 Tax Documents) 3 Years Prior = Three years prior to the CURRENT YR (EX. 2025-2026 = 2022 Documents) Past Two Years = (EX. 2025-2026 = Documents from Jan 1, 2023 - Dec 31, 2024) The table below lists the basic verification requirements:

#### SECTION B. REQUIRED VERIFICATON DOCUMENTS

Dependent Students 2025-2026 Verification form, completed and signed by at least one parent Converting and succession of the second statement of the second statement

□ Copy of yours and your parent's **CURRENT** IRS Tax Return Transcript or IRS Tax Return Independent Students
□ 2025–2026 Verification form,
completed and signed
□ Copy of yours and your spouse's (if applicable) CURRENT IRS Tax Return
Transcript or IRS Tax Return

# SECTION C. PROFESSIONAL JUDGMENT REQUEST (Check all that apply)

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We review loss of employment that took place for at least 12 consecutive weeks in the <u>Past</u> Two Years

#### Documentation Needed:

□ Official documentation verifying the date of job loss (e.g. severance letter, unemployment

decision, etc.) 
Final paycheck stub(s) received

□ Unemployment history summary reporting benefits received to date and balance

remaining in **Past Two Years** 
Copy of **Past Two Years** IRS Tax Return Transcript or IRS Tax Return:

Dependent students should submit their parent's IRS Tax Return Transcript(s) or

IRS Tax Return(s) 
Independent students should submit their (and their spouses, if applicable) IRS Tax Return Transcript or IRS Tax Return

□ Copy of all W2s reported on the **Past Two Years** IRS Tax Return Transcript(s) or IRS Tax Return(s)

□ If employed after job loss, please include most recent paycheck stubs of any and all employment

#### □ LOSS/REDUCTION OF SELF-EMPLOYMENT INCOME

We review loss or reduction of gross income (before expenses) that took place for at least 12 consecutive weeks in the **Past Two Years**.

#### **Documentation Needed:**

□ Statement indicating date of self-employment loss or

Reduction

Copy of **<u>CURRENT</u>** IRS Tax Return Transcript or IRS Tax Return:

- □ Dependent students should submit their parent's IRS Tax Return Transcript(s) or IRS Tax Return(s)
- □ Independent students should submit their (and their spouses, if applicable) IRS Tax Return Transcript or IRS Tax Return

□ For loss of self-employment income: Income Statement showing net earned income for the 2023/2024 tax year

 $\Box$  For reduction of self-employment income: Pro Forma Income Statement projecting income for the 2023/2024 tax year

□ If employed after job loss, please include most recent paycheck stubs of any and all Employment

# REDUCTION OF INCOME (Check all that apply)

Current employer has reduced wages and/or hours for at least 12 consecutive weeks within the last <u>3</u> **PRIOR YEARS** for you, your spouse, or your parent (if dependent).

# Documentation Needed:

Employer documentation verifying change in employment status (e.g. furlough)

□ Copy of paycheck stub(s) received before reduction and copy of most recent paycheck stub(s) since reduction

Copy of **<u>CURRENT</u>** IRS Tax Return Transcript or IRS Tax Return:

□ Dependent students should submit their parent's IRS Tax Return Transcript or IRS Tax Return

□ Independent students should submit their (and their spouses, if applicable) IRS Tax Return Transcript or IRS Tax Return

## □ REDUCTION IN INCOME/BENEFITS:

You, your spouse, or your parent(s), if dependent, lost income or benefits outside of employment (i.e. child support, unemployment, etc.).

## Documentation Needed:

□ Third-party official documentation reporting date income or benefit was terminated/exhausted

Copy of **Past Two Years** IRS Tax Return Transcript or

IRS Tax Return:

□ Dependent students should submit their parent's IRS Tax Return Transcript(s) or IRS Tax Return(s)

□ Independent students should submit their (and their spouses, if applicable) IRS Tax Return Transcript or IRS Tax Return

# □ DUE TO MEDICAL LEAVE:

You, your spouse, or your parent(s), if dependent, lost income due to medical leave related to the illness or injury of an immediate family member of the student (or spouse, if applicable).

# **Documentation Needed:**

□ Doctor's note indicating illness/injury related to loss of income and dates surrounding medical leave

□ Disability, worker's compensation or other applicable documentation showing any income generated while on medical leave as a result of medical leave

 $\Box$  Last full paycheck stub before medical leave of employee who lost income

# EXCEPTIONAL MEDICAL/DENTAL EXPENSES

Medical and/or dental expenses for 2021, 2022, or 2023 that were paid out-of-pocket (i.e. not what insurance covered) for you, your spouse (if applicable) and/or your parent(s)/sibling(s), if dependent.

Documentation Needed:

A copy of Schedule A form, your 2022, 2023, and/or 2024 IRS Tax Return (itemized deducions schedule)

□ Copies of canceled checks for out-of-pocket payments and/or receipts of payments

 $\Box$  A copy of your FSA or HSA account showing payments AND/OR a copy of your medical account listing payments and dates

## □ DIVORCE/SEPARATION

You/your parents divorced or separated after the FAFSA was completed.

## **Documentation Needed:**

□ For separation: Signed statement indicating date of separation AND two official documents (e.g. copy of lease, utility bill, driver's license, etc.) verifying the physical address of the absent spouse/ parent (no P.O. boxes)

□ For divorce: A divorce decree

□ Copy of 2023 IRS Tax Return Transcript:

- Dependent students should submit their parent's IRS Tax Return Transcript(s) or IRS Tax Return(s)
- □ Independent students should submit their (and their spouses, if applicable) IRS Tax Return Transcript or IRS Tax Return

Copy of all W2s reported on the 2023 IRS Tax Return Transcript(s) or IRS Tax Return(s)

# □ DEATH OF PARENT OR SPOUSE

Your spouse/parent passed away after the FAFSA was complete.

# Documentation Needed:

 $\square$  Copy of the death certificate or a published newspaper obituary with

date of death

□ Copy of 2023 IRS Tax Return Transcript or IRS Tax

Return:

□ Dependent students should submit their parent's IRS Tax Return Transcript(s) or IRS Tax Return(s)

 $\Box$  Independent students should submit their (and their spouses, if

applicable) IRS Tax Return Transcript or IRS Tax Return

Copy of all W2s reported on the 2023 IRS Tax Return Transcript(s) or IRS Tax Return(s)

□ PRIVATE SCHOOL TUITION

Only elementary/secondary tuition expenses paid for within the last three years are considered. Please submit documentation on letterhead or a bill reporting the amount of tuition paid and the names of the children who attended. Fees, books, supplies, etc. cannot be included in this amount.

• Dependent students: Tuition paid for siblings only

•Independent students: Tuition paid for dependent children only

□ COLLEGE TUITION COST FOR PARENTS

Parent(s) must be enrolled at least half-time per semester/quarter, in regionally accredited institution, and working toward a degree, certificate, or program leading to a recognized education credential.

Please submit documentation on letterhead or a bill from the college reporting tuition expenses, number of credit hours, and degree program for the current academic year.

# SECTION D. CERTIFICATION AND AUTHORIZATION

If circumstances change, I/we accept the responsibility for contacting the Financial Aid Office in writing with the corrected information. I also understand that submitting this form late in any term may eliminate potential eligibility due to processing time, awarding, and disbursement requirements. All submitted documentation becomes part of the official record and therefore cannot be returned. Documents that become part of the Education Record are protected for privacy under federal law.

I certify that all the information contained on this form and in the supporting documentation is complete and correct. I understand that I must complete all sections, sign and return this form for my appeal to be processed for financial aid consideration. I understand that it may take 5 - 7 business days for this request to be processed. Electronic signatures are not accepted.

Student Signature

Date

Parent Signature

Date