

2022-2023 Special Condition / Income Reduction

STUDENT'S FIRST NAME

STUDENT'S M.I.

STUDENT'S LAST NAME

RCBC I.D. #

INSTRUCTIONS: If you have extenuating circumstances which you believe warrant a re-evaluation of your eligibility for financial aid, you must complete this form. **INCOMPLETE REQUESTS WILL BE RETURNED. ADDITIONAL DOCUMENTATION MAY BE REQUIRED. IF ADDITIONAL DOCUMENTATION IS REQUESTED, YOU HAVE 30 DAYS TO SUBMIT THE DOCUMENTATION BEFORE THE PROFESSIONAL JUDGMENT REQUEST WILL BE CONSIDERED INACTIVE. REQUESTS SUBMITTED WITHOUT DOCUMENTATION WILL NOT BE EVALUATED.**

A. REQUIRED DOCUMENTATION

NOTE: If you are a dependent student, provide documentation for both you and your parent(s). If you are married, provide documentation for both you and your spouse. If you, your parent or spouse did not file a tax form, please submit a signed statement explaining the reason a tax form was not filed and list all sources of income and amounts earned in the tax year. All tax and income information must be for the most current year.

The following documents are required for ALL professional judgment requests:

Dependent Student:

- Signed statement explaining reason for request
- SIGNED student taxes and W-2's 2020 & 2021
- SIGNED parent taxes and W-2's 2020 & 2021

Independent Students:

- Signed statement explaining reason for request
- SIGNED student taxes and W-2's 2020 & 2021
- SIGNED spouse's taxes and W-2's, if married 2020 & 2021

B. CHECK ALL THAT APPLY

IMPORTANT NOTICE

Professional judgment for the involuntary loss of employment category will be accepted for processing 6 (six) months AFTER the initial day of loss of employment. Loss of employment documents received before the specific time will be returned unprocessed.

___ **A. Involuntary loss of employment:** (e.g. termination, lay off)

(Check all that apply) Student Spouse Mother/Step-mother Father/Step-father

Additional required documentation:

___ Employment Verification form for all jobs held for all members of the household. If no jobs were held, please submit an Employment Verification Form for the last job held.

___ Official statement of unemployment compensation listing amount of benefits received/to be received.

___ **B. Reduction or loss of untaxed income or benefits:** (e.g. unemployment compensation, Social Security, AFDC, etc.)

(Check all that apply) Student Spouse Mother/Step-mother Father/Step-father

Additional required documentation:

___ Official statement from agency (SSI, unemployment, etc) reflecting reduction/cancellation and benefits paid to date.

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 C. Divorce/Separation (Check all that apply):

- Divorce
 Separation of: Student Parents

Additional required documentation:

- __ Divorce decree or completed Statement of Separation form
__ Proof of change of residence demonstrating you no longer reside with your spouse

 D. Death of (Check all that apply):

- Spouse Mother/Step-mother Father/Step-father

Additional required documentation:

- __ Copy of death certificate(s)

 E. Extraordinary medical expenses NOT COVERED BY INSURANCE:

(Extraordinary medical expenses must be in excess of 7.5% of adjusted gross income and not claimed as a deduction on income taxes). Only medical expenses PAID out of pocket are eligible for consideration.

(Check all that apply) Student Spouse Mother/Step-mother Father/Step-father

Additional required documentation:

- __ Schedule A
__ Medical/dental receipts of payment, cancelled checks or payroll check stubs of health insurance premiums paid.

 F. Other

If none of the above-listed conditions provided apply to your situation, please provide a written, signed statement explaining your extenuating circumstances for the academic year. You must submit supporting documentation to verify the condition and verification of all income for the preceding and current calendar year.

Not all requests will qualify for an adjustment.

D. SIGNATURES (*Electronic signatures will not be accepted*)

I certify that all information submitted on and with this application is complete and accurate.

I have attached the appropriate supporting documents as required by the U.S. Department of Education.

Warning: If you purposely give false or misleading information on this sheet, you may be fined, sentenced to jail or both.

Student's Signature

Date

Spouse's Signature

Date

Parent's Signature

Date

FOR FINANCIAL AID USE ONLY

Approved Denied Financial Aid Signature _____ Date _____

Comments:

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Employment Verification Form

The Financial Aid Office requests completion of this form to evaluate eligibility for student financial aid assistance. If you are a dependent student, please provide an Employment Verification Form for both yourself and your parent(s). If you are married, please provide an Employment Verification Form for both yourself and your spouse.

SECTION I: Employee's Information Request

Student's Name (print) _____ ID # _____

This form is being completed for Student Spouse Mother/Step-mother Father/Step-father

I authorize release of employment information as requested below:

Employee's Signature _____ Date _____

Employee's Name _____ DOB: _____

Employee's Address _____

Company _____ Job Title _____

Company Address _____

If you are not presently employed, indicate your last date of employment ____/____/____ (Month/Day/Year)

Student/Parent's Signature: _____ Date: _____

SECTION II: Employer Section (to be completed by current or previous employer as indicated above)

The individual named in Section I is/was employed beginning ____/____/____ (Month/Day/Year)

Please check one of the following boxes with regards to the employee's termination

- Is still employed by the company
- Voluntary termination effective ____/____/____ (Month/Day/Year)
- Involuntary termination effective ____/____/____ (Month/Day/Year)

Hourly rate of pay \$ _____ Hours per week ____ **OR** Gross Salary \$ _____ per week month year

Earnings from January 1, 20 _____ to present \$ _____

Projected earnings from present date to December 31, 20 _____ \$ _____

Signature of person completing employer's section _____

Print name and title _____

Business telephone () _____ Date _____

Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.