



2018-2019 PROFESSIONAL JUDGEMENT CHANGE IN INCOME

Student Name: _____ ID#: _____

Phone: _____ Email: _____

This form may be used for the 2018-2019 academic year if you and/or your family experienced unusual or extenuating circumstances in 2016.

STEP 1: VERIFYING ORIGINAL INFORMATION

As part of the special circumstances process, your financial aid file will first be reviewed to ensure that the original income information submitted on your 2017-2018 FAFSA was correct. In this process, TSC will be comparing information from your FAFSA with student's and/or parents' 2016 and 2017 federal tax transcripts forms. If there are differences between your FAFSA information and your financial documents, we will process corrections. Failure to submit the required documentation will delay processing of your file.

STEP 2: CHECK THE REASON(S) YOU ARE REQUESTING AN INCOME ADJUSTMENT AND ATTACH THE REQUIRED DOCUMENTATION PER SITUATION:

_____ Parent's change in income between 2016 & 2017 tax years:

- Parents' 2016 *tax return transcript* (from IRS office), and any attachments (ex. Schedule C, E, or F etc.)
 - 2016 W2s, 1099s, 1098s, etc.
- Parents' 2017 *tax return transcript* (from IRS office), and any attachments (ex. Schedule C, E, or F).
 - 2017 W2s, 1099s, 1098s, etc.

_____ Student's change in income between 2016 & 2017 tax years:

- Students' 2016 *tax return transcript* (from IRS office), and any attachments (ex. Schedule C, E, or F etc.)
 - 2016 W2s, 1099s, 1098s, etc.
- Students' 2017 *tax return transcript* (from IRS office), and any attachments (ex. Schedule C, E, or F).
 - 2017 W2s, 1099s, 1098s, etc.

_____ Change in marital status of student or parent due to Death of Spouse:

- Copy of death certificate

_____ Change in health status of student, spouse, or parent due to life-threatening, degenerative, or disabling illness

- Medical documentation of change in health status, stating effective date, detailing the diagnosis and the prognosis, especially as related to employment status.
- Proof of income and/or benefits received or is expected to receive in 2018

_____ Unusual medical, dental, or health-related expenses (must be greater than 7.5% of the adjusted gross income for 2017, if IRS tax return was filed or greater than 7.5% of total income and benefits for 2017, if IRS tax return was not filed.

- A copy of Schedule A of the Federal 1040 form, if filed, or cancelled checks or receipts showing amount paid
- Statement from health insurance provider indicating unreimbursed expenses for 2017.

_____ Other changes in income (such as loss of/reduction of child support, loss of military benefits, etc.).

Specify type of change _____.

Please attach proof of amounts received during 2016 and 2017



STEP 3: COMPLETE CHANGE OF INCOME CHART. Do not leave any blanks.

Table with 5 columns: 2016 Student/Spouse, 2017 Student/Spouse, Yearly Income/Benefits, 2016 Parent(s), 2017 Parent(s). Rows include Adjusted Gross Income, Wages, Salaries, severance pay, Self-employment wages, IRA Distributions, IRA Deductions, Pensions and annuities, Rental real estate, partnerships, royalties, etc., Farm Income, Unemployment Benefits, Tax Deferred Pensions (W2 Box 12), Worker's Compensation, Child support received, Veterans Non-education benefits, Other Untaxed/Non-reported income, and Other:.

STEP 4: Signatures

Your signature on this document confirms your acknowledgement of the following:

- The information submitted for review is true and correct to the best of my knowledge.
• Changes resulting from this review do not guarantee an increase in aid.
• I understand that additional documentation may be required upon request.
• During peak processing times, there may be a 10-15 business day processing time for the request.
• At the time of review, student cannot be in default nor in suspension status.

Student Signature: _____ Parent Signature: _____ Date: _____

For office use only: _____ Approved _____ Denied

Comments: _____

Financial Aid Officer: _____ Date: _____

For Office Use Only: Received by _____