Name ____________________________________________________________ Tech/Star ID ___________________

Address_________________________________________________________ Phone Number __________________

Itasca Community College’s Professional Judgment Request Form is designed to address special circumstances affecting income since the original 2020-2021 FAFSA application was filed. Income from 2018 is normally used to determine eligibility for 2020-2021 financial aid. If a family's financial situation is substantially worse in 2019 or 2020 due to certain special circumstances, adjustments may be made to the FAFSA. This may change what your family is expected to contribute to your cost of education. If your expected family contribution (EFC) is already $0, this form will not help increase your aid. Award letters are generated based on original FAFSA results. Any Professional Judgment changes that affect awards will result in a revised award letter.

DIRECTIONS:

STEP 1. Please attach a TYPED letter explaining your situation in detail.

STEP 2. Check the box(es) that best describe your special circumstances.

STEP 3. Attach copies of 2018 and 2019 Federal tax returns as well as W-2/1099 forms for BOTH student and spouse (if applicable). If you or your spouse was/were a non-tax filer, submit a written statement that you/spouse did not and were not required to file a tax return for one or more of the tax years requested.

STEP 4. Provide required documentation and complete reverse side. No adjustments can be made without supporting documentation.

( ) Reduction in income (over 15%) from what is shown on 2018 tax returns because of:

( ) Unemployment or change in employment of student. Date of change: ____________

( ) Unemployment or change in employment of spouse. Date of change: ____________

( ) Divorce/separation of student/spouse. Date ________

( ) Death of spouse. Date ____________

( ) Loss of benefits or untaxed income. Date ____________

( ) One-time income (inheritance, IRA/pension, distribution, etc.)

( ) Other. Explain ____________________________

*Required Documentation: Attach proof of 2018 and 2019 income. Include federal tax returns, copies of W-2 forms, proof of 2018 and 2019 untaxed income received, alimony or child support agreements, etc.

( ) Major medical or dental expenses not covered by insurance. (Anything over 10% of total income)

*Required Documentation: Attach proof of expenses such as the itemized medical or dental deductions page from a tax return or receipts of medical and dental payments (not charges) made in the past year.

( ) Other unusual circumstances. Explain on an attached sheet and include appropriate documentation.
2019 Untaxed Income

Student Name: ___________________________ Student Tech ID #/STAR ID _____________________

Please detail untaxed income for your family for the period from January 1 - December 31, 2019. Do not include Social Security/SSI benefits.

<table>
<thead>
<tr>
<th>Income Source Table</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 through December 31, 2019</td>
<td></td>
</tr>
<tr>
<td>2019 untaxed income (such as V.A. Disability, Worker’s comp, housing allowance or</td>
<td></td>
</tr>
<tr>
<td>room/board provided by another)</td>
<td>$</td>
</tr>
</tbody>
</table>

Was child support be received or paid out of your household in 2019? ____ Yes ____ No

• If yes, how much received? $______________ How much paid out? $______________

What do you expect your household 2020 Federal Adjusted Gross Income to be? $__________

What income changes have occurred or do you anticipate may occur in 2019 and beyond that are not reflected on the 2018 or 2019 tax/income data submitted for both you and your parent(s)?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I certify this information is correct and complete.

Student: ___________________________ Date: __________________

Return to: ICC Financial Aid Office
1851 E. Hwy. 169
Grand Rapids, MN 55744
FAX – 218-322-2325
financialaid@itascacc.edu

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OFFICE USE ONLY: Professional Judgment ( ) Approved ( ) Denied
FA0004UG Updated ( ) FA2052CF Run ( ) CMNT Screen ( )

Financial Aid Administrator ___________________________ Date ________________

Itasca Community College is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service. If you require an accommodation for a disability, please contact: Ann Vidovic – 14 Backes Center 218-322-2433 or ann.vidovic@itascacc.edu