

2017-18 REQUEST FOR PROFESSIONAL JUDGMENT

A. Student Information

| | | | |
|-----------|------------|------|-------------------|
| Last Name | First Name | M.I. | Student ID Number |
|-----------|------------|------|-------------------|

| | | | | |
|----------------|------|----|-----|--------------|
| Street Address | City | ST | Zip | Phone Number |
|----------------|------|----|-----|--------------|

B. Professional Judgment

| Unusual Circumstances | Required Documents |
|--|---|
| <input type="checkbox"/> Loss of Employment | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2017. Clearly report your projected income from all sources from the last date of employment until December 31, 2017. <input type="checkbox"/> Copy of last paystub with year to date earnings <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date) |
| <input type="checkbox"/> Decrease in Wage or Salary | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2017 <input type="checkbox"/> Copy of last paystub with year to date earnings before wage decrease <input type="checkbox"/> Copy of current paystub with year to date earnings after wage decrease <input type="checkbox"/> Documentation of any unemployment benefits (shows amount of benefit and start/end date) |
| <input type="checkbox"/> Decrease or Loss of Benefits | <input type="checkbox"/> Letter of explanation. Explain in detail how your income has changed in 2017 <input type="checkbox"/> Third-party documentation that includes when the benefits were terminated/reduced |
| <input type="checkbox"/> Divorce or Separation | <input type="checkbox"/> Letter of explanation. <input type="checkbox"/> Copy of divorce/separation decree or letter from an attorney <input type="checkbox"/> For Dependent Student: Custodial parent's income information <input type="checkbox"/> For Independent Student: Your income information |
| <input type="checkbox"/> Death of a Spouse or Parent | <input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Documentation of any insurance settlement, Social Security Benefits, etc. <input type="checkbox"/> Copy of last check stub from the person's employment (if person worked in 2017) |
| <input type="checkbox"/> Unusual Medical/Dental Expenses PAID by family (not covered by insurance) | <input type="checkbox"/> Third-Party Documentation (i.e. receipts, cancelled checks, etc) <input type="checkbox"/> Schedule A of 2017 Federal 1040 (if used) |
| <input type="checkbox"/> Loss of Business or Farm due to bankruptcy, foreclosure or natural disaster | <input type="checkbox"/> Letter from attorney to verify this status |

2017-18 REQUEST FOR PROFESSIONAL JUDGMENT

STUDENT

| | | | |
|--|--------------------------|----------------------------------|----------------------|
| ACTUAL 2017 SOURCE of INCOME: <u>If submitting package after 12/31/17, then attach 2017 W-2's or Tax Transcript</u> | | | |
| JANUARY 1st, 2017 - TODAY | | | |
| * Please furnish copies of Pay Stubs, W-2's, unemployment verification or other documents to verify the information below. | | | |
| | Begin/Start Date: | End Date (if applicable): | Total Amount: |
| Income from Work: | | | |
| Student: | | | \$ |
| Spouse: | | | |
| Unemployment Benefits: | | | |
| Student: | | | \$ |
| Spouse: | | | \$ |
| Disability Benefits: | | | \$ |
| TANF, SSI, GA Benefits, etc. | | | \$ |
| Alimony Received: | | | \$ |
| Child Support Received: | | | \$ |
| Disability Benefits: | | | \$ |
| One Time Income or Benefits: | | | \$ |
| Other Untaxed Income: | | | \$ |
| PROJECTED/ESTIMATED 2017 SOURCE of INCOME: | | | |
| TODAY - DECEMBER 31st, 2017 | | | |
| | Begin/Start Date: | End Date (if applicable): | Total Amount: |
| Income from Work: | | | |
| Student: | | | \$ |
| Spouse: | | | |
| Unemployment Benefits: | | | |
| Student: | | | \$ |
| Spouse: | | | \$ |
| Disability Benefits: | | | \$ |
| TANF, SSI, GA Benefits, etc. | | | \$ |
| Alimony Received: | | | \$ |
| Child Support Received: | | | \$ |
| Disability Benefits: | | | \$ |
| One Time Income or Benefits: | | | \$ |
| Other Untaxed Income: | | | \$ |

2017-18 REQUEST FOR PROFESSIONAL JUDGMENT

PARENT

| | | | |
|--|--------------------------|----------------------------------|----------------------|
| PARENT ACTUAL 2017 SOURCE of INCOME: <u>If submitting package after 12/31/17</u> , then attach 2017 W-2's or Tax Transcript | | | |
| JANUARY 1st, 2017 - TODAY | | | |
| * Please furnish copies of Pay Stubs, W-2's, unemployment verification or other documents to verify the information below. | | | |
| | Begin/Start Date: | End Date (if applicable): | Total Amount: |
| Income from Work: | | | |
| Parent: | | | \$ |
| Spouse: | | | |
| Unemployment Benefits: | | | |
| Parent: | | | \$ |
| Spouse: | | | \$ |
| Disability Benefits: | | | \$ |
| TANF, SSI, GA Benefits, etc. | | | \$ |
| Alimony Received: | | | \$ |
| Child Support Received: | | | \$ |
| Disability Benefits: | | | \$ |
| One Time Income or Benefits: | | | \$ |
| Other Untaxed Income: | | | \$ |
| TODAY - DECEMBER 31st, 2017 | | | |
| | Begin/Start Date: | End Date (if applicable): | Total Amount: |
| Income from Work: | | | |
| Student: | | | \$ |
| Spouse: | | | |
| Unemployment Benefits: | | | |
| Student: | | | \$ |
| Spouse: | | | \$ |
| Disability Benefits: | | | \$ |
| TANF, SSI, GA Benefits, etc. | | | \$ |
| Alimony Received: | | | \$ |
| Child Support Received: | | | \$ |
| Disability Benefits: | | | \$ |
| One Time Income or Benefits: | | | \$ |
| Other Untaxed Income: | | | \$ |

DE ANZA COLLEGE
FINANCIAL AID OFFICE
21250 Stevens Creek Blvd.
Cupertino, CA 95014-5793

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E. Certification and Authorization

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I understand that I may be asked to submit additional documentation if necessary.
- I understand that if I do not fully document my special circumstance, my request may be denied.
- I understand that a change in income, benefits or other circumstance may not always results in additional funding.

Student Signature

Date

Parent Signature (Required for Dependent Student only)

Date

FOR OFFICE USE ONLY

| | |
|-----------------|--|
| Date Received | |
| Reviewed By | |
| Approved By | |
| Correction Date | |
| | |