

# Mid-America Christian University

## Professional Judgment



2016-2017

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

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Federal Government requires that you and, if applicable, your parents or spouse complete the 2016-2017 Free Application for Federal Student Aid using income information from the 2015 tax year. However, a school has been given the discretion by the government to review a student's situation, as needed, and exercise professional judgment when special circumstances arise that affects that information.

At MACU, we will only consider this option if the anticipated household income for 2016 is going to be at least a 15% decrease from the 2015 income and is due to one of the conditions below. Please complete the appropriate section **and** the back of this page. This form will not be accepted before March 1, 2016.

 **CONDITION A**

\_\_\_\_\_ A student, student's spouse, or a dependent student's parent (*circle one*) whose 2015 income from work was reported but has been unable to pursue the normal income producing activities for at least ten weeks in 2016 because of the following:

\_\_\_\_\_ A disability (please specify) \_\_\_\_\_

\_\_\_\_\_ A natural disaster (please specify) \_\_\_\_\_

\_\_\_\_\_ Return to school full-time (12 hours or more during a semester) to further education.

Name of school attending: \_\_\_\_\_

\_\_\_\_\_ Other reason (Please describe): \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

Date full-time employment ceased: \_\_\_\_\_

 **CONDITION B**

A student, spouse, or parent (*circle one*) 1. Benefited from a one-time income in 2015 such as an inheritance, moving expense allowance, IRA, etc. **or** 2. Stopped receiving a specific benefit in 2016 such as child support or Social Security which will not resume in the foreseeable future.

Source of income: \_\_\_\_\_ Amount received in 2015: \$ \_\_\_\_\_

Reason for cancellation if #2: \_\_\_\_\_

 **CONDITION C**

Due to separation, divorce, or death (*circle one*) of a spouse or parent (*circle one*), the student's household income for 2016 will be less than 2015. Date of status change: \_\_\_\_\_

**2016 INCOME PROJECTIONS**

**TO BE COMPLETED BY ALL APPLICANTS**

If the special circumstances you described apply to you and/or your spouse, answer these questions about yourself and/or your spouse. If the special circumstances you described apply to your parents, answer these questions about them.

**In your estimates be sure to combine all income and benefits you have received from January 1 of 2016 through today, with income and benefits you expect to receive from this date through December 31, 2016. Please provide a copy of your pay stubs. You may be asked to provide other documents to verify the reported figures below.**

- 1. In 2016 how much will the dad/student expect to earn from work? \$\_\_\_\_\_00
- 2. In 2016 how much will the mom/spouse expect to earn from work? \$\_\_\_\_\_00
- 3. Other taxable income expected in 2016 (please identify: \_\_\_\_\_) \$\_\_\_\_\_00
- 4. 2016 untaxed income and benefits:
  - 4a. Social Security benefits \$\_\_\_\_\_00
  - 4b. Estimated Earned Income Credit \$\_\_\_\_\_00
  - 4c. Aid to Families with Dependent Children (AFDC or ADC) \$\_\_\_\_\_00
  - 4d. Child support received for all children \$\_\_\_\_\_00
  - 4e. Other untaxed income and benefits. This line should include any untaxed \$\_\_\_\_\_00 contributions made to retirement or pension plans as well as income received, or expect to be received from sources such as retirement benefits, worker’s compensation, welfare benefits (other than AFDC or ADC), military benefits, housing, food, or other allowance paid for you.

**READ AND SIGN:**

**Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.**

Applicant must **always** sign. A parent must sign if information has been given about parents.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT MACU**

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied

**Reviewed By:** \_\_\_\_\_

\_\_\_\_\_ Old EFC    \_\_\_\_\_ New EFC

**Date:** \_\_\_\_\_

**Rationale:**