

Mid-America Christian University

Professional Judgment



2018-2019

Name: _____

SSN: _____

Phone: _____

Email: _____

The Federal Government requires that you and, if applicable, your parents or spouse complete the 2018-2019 Free Application for Federal Student Aid using income information from the 2016 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 2018 is going to be at least a 15% decrease from the 2016 income and is due to one of the conditions below.

The following steps must be completed in order for consideration:

- Write a detailed letter of appeal explaining your special circumstance and submit it with this form.
- Place a check mark beside any situation that may apply as listed below.
- Submit the required documentation listed for each item you checked.

Note: Additional documentation may be requested upon review of your professional judgment appeal form, including the completion of the verification process.

CONDITION A

_____ A student, student's spouse, or a dependent student's parent (***circle one***) whose 2016 income from work was reported but has been unable to pursue the normal income producing activities for at least ten weeks in 2018 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 (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 2016 such as an inheritance, moving expense allowance, IRA, etc. **or** 2. Stopped receiving a specific benefit in 2018 such as child support or Social Security which will not resume in the foreseeable future.

Source of income: _____ Amount received in 2016: \$ _____

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 2018 will be less than 2016. Date of status change: _____

2018 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 estimate be sure to combine all income and benefits you have received from January 1 of 2018 through today, with income and benefits you expect to receive from this date through December 31, 2018.

Please provide the following as applicable:

- Estimate only the income for the person who has experienced the loss of employment.
- The two most recent year-to-date paystub(s).
- A letter from the employer documenting the last day of employment. This must be on letterhead.
- A statement of severance payments and benefits from your employer.
- A statement of unemployment benefits (if applicable).

You may be asked to provide other documents to verify the reported figures below.

Sources of Estimated Taxable Income for 2018:	Student	Spouse/Parent
Income Earned from Work (gross)	\$	\$
Severance Pay	\$	\$
Unemployment Compensation (gross)	\$	\$
Business Income	\$	\$
Interest of Dividend Income	\$	\$
Farm Income	\$	\$
Pension/Annuity Income	\$	\$
IRA/Retirement Account Withdrawal(s)	\$	\$
Taxable Social Security/Disability Benefits	\$	\$
Other Taxable Income: Please identify the source: (_____)	\$	\$
Sources of Estimated Untaxed Income for 2018:	Student	Spouse/Parent
Child Support Received	\$	\$
Untaxed Portions of IRA Distributions or Pensions	\$	\$
Housing, Food and other Living Allowances Paid to You	\$	\$
Veterans Non-Education Benefits	\$	\$
Other Untaxed Income: Please identify the source: (_____)	\$	\$

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: