

Student Signature

FINANCIAL AID OFFICE 2024-2025 Professional Judgement Request for Dependency Override

You have indicated that there are circumstances that may affect the results of your 2024-2025 Free Application for Federal Student Aid (FAFSA). If the circumstance falls into one of the categories listed on this form, you may submit a Request for Professional Judgment. You must include all required documentation. Incomplete submissions will not be reviewed. If a correction is made to your FAFSA, it may result in a reduction in the base year income or the use of projected income for the current year. In many cases, an adjustment does not increase eligibility for grants. You will be notified after your request has been reviewed. Please allow FAO at least 14 business days to review and make a determination.

Name:		HCC ID # or SSN (last 4 digits):
Address:		
Phone: (Home) _	(Work)	(Cell)
Email:		Date of Birth:
•	nditions do not qualify as an unusual circularents refuse to contribute to the study Parents will not provide information for Parents do not claim the student as a de Student demonstrates total self-sufficier written statement explaining circumstance	the FAFSA or verification. ependent for income tax purposes. ncy
Yes No	Can you contact your parent(s)? Both:* If you can contact your parent(s), you mu IRS Tax Information.	adoption by relative or someone other than a relative Mother only: Father only: ust apply for financial aid as a dependent, using you & your parent(s) 2022 (s), you need Required Documentation (see below).
Staor olivi202	agency documenting unusual circumstanc ng arrangement and unusual circumstanc 24-25 Verification of Family Size and Numl	letterhead from a clergy, doctor, lawyer, counselor, teacher, social worker re(s) OR Notarized letter from relative or other provider explaining your re. ber in College form and Students 2022 Federal Income Tax Return. nsurance policy to support document unusual circumstance
2. CERTIFICAT	ION & SIGNATURES:	
• I understand	rm, I certify the following: I that this request will not be reviewed if inc fied of the status of this request, allowing 14	·
support the infor	mation herein. By signing this form, I agree	d correct. I understand I may be asked to provide additional documentation to to allow Haywood Community College to submit corrections to my FAFSA deral or state income tax that I filed or was required to file.
Print Student Nar	me	HCC ID # or SSN (last 4 digits)

Date