

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 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: \_\_\_\_\_

**1. Attach a written statement explaining circumstance.**

**2. Attach a complete 2024-25 Verification of Family Size Form.** Form may be downloaded at [www.haywood.edu/financial-aid/forms.php](http://www.haywood.edu/financial-aid/forms.php)

**3. Check the unusual circumstance that best describes your situation. Complete required steps and attach the additional required documentation as indicated *in italics*.**

- UNEMPLOYMENT/LOSS OF INCOME** (check one): \_\_\_ father \_\_\_ mother \_\_\_ student \_\_\_ spouse
- Period of unemployment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
  - Layoff: letter from employer or unemployment commission stating effective date*
  - Termination: letter from employer or unemployment commission stating effective date*
  - 2023 Signed Federal Tax Return & W-2s for student, parents (if dependent), or spouse (if married) if completed*
  - Verification of 2024 earnings up to the date of last employment (including severance pay), e.g., last check stub from all employers*
  - Statement from Employment Security Office of expected 2024 unemployment benefits (if applicable)*
  - Retirement Pay Statement for 2023 (if applicable)*
  - Business Balance Sheet & Statement of Owner's Equity (if applicable)*
- DEATH OF PARENT OR SPOUSE AFTER FAFSA WAS COMPLETED** (check one): \_\_\_ father \_\_\_ mother \_\_\_ spouse
- Copy of death certificate*
  - 2022 Federal Tax Return and 2023 Federal Tax Return & W-2s for student, parents (if dependent), or spouse (if married)*
- DIVORCE OR LEGAL SEPARATION AFTER FAFSA WAS COMPLETED** (check one): \_\_\_ student/spouse \_\_\_ parents
- Copy of the divorce decree, legal separation agreement, or a letter from the attorney verifying the separation date*
  - If the separation is not yet legal, rent receipts/mortgage statements, gas, electric, or water bills showing separate households*
  - 2022 Federal Tax Return & W-2s for student, parent (if dependent), or spouse (if married)*
- UNUSUAL MEDICAL/DENTAL EXPENSES**
- 2022 Federal Tax Return with Schedule A*
  - Statements from medical providers showing amounts PAID by parents/student/spouse in 2022.*
  - Statements from medical providers showing outstanding BALANCES DUE by parents/student/spouse in 2022.*



# FINANCIAL AID OFFICE 2024-2025 Request for Professional Judgment

### 4. CERTIFICATION & SIGNATURES:

*If student is classified as dependent, the student and parent whose information was reported on the FAFSA must sign and date.*

By signing this form, I certify the following:

- I understand that this request will not be reviewed if incomplete.
- I will be notified of the status of this request, allowing 14 business days for processing.
- Requests to have financial aid based on 2023 income will not be reviewed until after May 1, 2024.
- I understand that I may be awarded financial aid before my appeal has been reviewed, but that my award may be revised if the professional judgment makes a difference in the amount of aid that I am eligible to receive.

I certify that the information provided on this form is true and correct. I understand I may be asked to provide additional documentation to support the information herein. By signing this form, I agree to allow Haywood Community College to submit corrections to my FAFSA electronically on my behalf. This information may include federal or state income tax that I filed or was required to file.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
HCC ID # or SSN (last 4 digits)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent)

\_\_\_\_\_  
Date

**WARNING!** If you purposely give false or misleading information, you may be fined, imprisoned, or both.

**For FAO Use Only:**

<i>Income Sources</i>	<i>Father/Step-father</i>	<i>Mother/Step-mother</i>	<i>Student</i>	<i>Spouse</i>
<i>Wages/Salaries/Tips</i>				
<i>Unemployment Benefits</i>				
<i>Other Income lines 8a-36 1040</i>				
<i>Other Taxable Income</i>				
<i>Social Security Benefits</i>				
<i>Child Support Received</i>				
<i>Untaxed Income (D,E,F,G,H,S)</i>				
<b><i>Total Estimated adjusted Income</i></b>				
<b><i>Total Income less deductions</i></b>				
<i>Estimated US Income Tax Paid</i>				
<i>Current Assets/Business</i>				

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Date FAFSA Revised/Submitted: \_\_\_\_\_ Revised EFC: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_