

**2011-2012 Professional Judgment Request
Piedmont Technical College**

STUDENT: _____

PTC ID: P _____

ADDRESS: _____

The Financial Aid Office has established an appeal process to allow for possible recalculation of financial need based on special or unusual circumstances. This appeal is used for a dependency override and for a change in income. REQUIRED DOCUMENTATION IS LISTED BELOW. INCOMPLETE FORMS WILL NOT BE PROCESSED.

DEPENDENCY OVERRIDE

A dependency override can only be approved for a documented case of abuse, abandonment or neglect on the part of the parent. The student must provide a police report documenting the situation and supporting materials from a doctor or social worker. The student must also show that he or she has enough resources for support while attending college. Appeals without this information cannot be reviewed.

Dependency overrides cannot be reviewed for the following reasons: (1) parents will not provide tax information, (2) student does not live in the same house as parents or (3) parents do not claim student on taxes.

CHANGE IN INCOME

A professional judgment for change in income can be requested for any of the following reasons:

- Loss of employment for 10 weeks or more due to lay off or termination of employment (student, spouse or parent) . Student must provide:
 1. Letter from employer stating employee was laid off or terminated with last date of employment
 2. Copy of last pay check statement with year to date earnings
 3. Copy of most recent unemployment benefits statement
 4. Copy of 2010 income tax return and all W2's
- Change in income due to divorce or separation (student or parents) – divorce or separation papers required (or documents approved by Financial Aid)
- Death of spouse or parent – death certificate or obituary required
- Disability of student, spouse or parent – doctor statement required

Please note: A professional judgment cannot be requested for loss of overtime or one-time capital gains.

Describe the circumstances for requesting the professional judgment (attach additional sheets if necessary). You must provide specific details as to how your situation is not accurately represented on your Student Aid Report.

CERTIFICATION STATEMENT

All of the information on this form is true and complete. If necessary, I agree to provide further proof of the information that I have given. I agree to notify the Financial Aid Office if my situation changes.

Student's Signature

Date

Parent's Signature

Date

ESTIMATED 2010 INCOME INFORMATION

Date of Income Change: _____

Using the chart below enter the total yearly income.

PARENT(S): Estimate your income for 1/1/11- 12/31/11.

STUDENT: Estimate your (and your spouse's) income for 1/1/11 – 12/31/11.

| <u>ESTIMATED TAXABLE INCOME:</u> | PARENT(S) <u>1/1/11-12/31/11</u> | STUDENT/SPOUSE <u>1/1/11 – 12/31/11</u> |
|--|---|--|
| Wages, salaries, tips: | Father \$ _____ | Student \$ _____ |
| | Mother \$ _____ | Spouse \$ _____ |
| Interest and dividend income: | _____ | _____ |
| Alimony received: | _____ | _____ |
| Business and/or farm income: | _____ | _____ |
| Partnership and/or S-Corporation income: | _____ | _____ |
| Capital gains: | _____ | _____ |
| Pensions and annuities: | _____ | _____ |
| Rents and royalties: | _____ | _____ |
| Unemployment: | _____ | _____ |
| Other taxable income: | _____ | _____ |
| | Source(s): _____ | |
| TOTAL TAXABLE INCOME: | \$ _____ | \$ _____ |

ESTIMATED UNTAXED INCOME:

| | | |
|--|------------------|----------|
| Social Security benefits for all family members: | _____ | _____ |
| Worker's Compensation: | _____ | _____ |
| Retirement and/or disability benefits: | _____ | _____ |
| TANF and/or Welfare benefits, (excluding Food Stamps): | _____ | _____ |
| Untaxed portions of pensions and/or annuities: | _____ | _____ |
| Living and housing allowances for clergy, military, etc.: | _____ | _____ |
| Child support received: | _____ | _____ |
| Veteran's non-educational benefits: | _____ | _____ |
| Deductible IRA/Keogh payments: | _____ | _____ |
| Other untaxed income and benefits: | _____ | _____ |
| | Source(s): _____ | |
| TOTAL UNTAXED INCOME: | \$ _____ | \$ _____ |

PLEASE NOTE: Report \$0 where applicable. All lines must be filled in or this form will be returned to you. Also, please complete form as accurately as possible. If any information reported on this form is determined to be incorrect at a later date, you may be responsible for repaying any over-award made by this request. All address changes or corrections must be made through Student Records.