



## Office of Student Financial Aid

### PROFESSIONAL JUDGEMENT FOR INCOME REDUCTION OR LOSS FOR DEPENDENT STUDENT

Student Name: \_\_\_\_\_ SSN# XXX - XX - \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO GUIDE STUDENTS THROUGH THE PROCESS OF APPEALING TO THE FINANCIAL AID OFFICE BECAUSE OF A CHANGE IN FINANCIAL CIRCUMSTANCES FOR THEIR HOUSEHOLD.

#### PLEASE FOLLOW THE PROCEDURE BELOW TO REQUEST PROFESSIONAL JUDGEMENT

#### **STEP ONE:**

Submit the following documents with this form to the Financial Aid Office:

**PLEASE MAKE SURE THAT YOU SUBMIT ALL OF THE REQUIRED DOCUMENTATION OR THE FINANCIAL AID ADMINISTRATOR AND COMMITTEE WILL NOT BE ABLE TO CONSIDER YOUR REQUEST!**

1. This form, completed, with student's and parent's signatures.
2. Letter explaining the reason(s) why total income for your household in 2025 will be different from the year 2024 tax information provided on FAFSA.  
*Please make the letter as clear and detailed as possible so the administrator and committee will be able to understand your special circumstances.*
3. Employment Verification: A letter from the current or former employer verifying employment for the individual requesting an adjustment. It must be on company letterhead, and the name and phone number of the contact person must be included. A notarized statement is also accepted if, for some reason the employer is not able to give information (a statement is required explaining why the employer is not able to give information).

#### **This letter must indicate the following:**

- a. The beginning and ending dates of employment
  - b. Full-time or part-time status
  - c. Rate of pay
  - d. Date and documentation of separation from employment
4. Copy of the last check stub from any previous and current jobs where money was earned for the year 2024, showing year to date wages.
  5. Printout of unemployment benefits from Employment Security Division for the individual requesting that their income be adjusted.
  6. *If this change is the result of the **death of a spouse, please include a copy of the death certificate.***
  7. *If this change is the result of a divorce, please include a copy of the divorce decree.*

**STEP TWO:**

PLEASE COMPLETE THE CHART BELOW SUMMARIZING YOUR EXPECTED INCOME FOR  
YEAR 2025

ANTICIPATED INCOME 1/1/2025 TO 12/31/2025	STUDENT	PARENT 1	PARENT 2
Wages, salary, tips: severance, disability & income from work	\$	\$	\$
Other taxable income: interest, dividend, bus or rental income	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$
Aid to Families with Dependent Children (AFDC) benefits	\$	\$	\$
Child Support or alimony to be received	\$	\$	\$
Any taxed income: workers' comp, earned income credit, etc.	\$	\$	\$
Other untaxed income	\$	\$	\$
<b>Total</b>	\$	\$	\$

**STEP THREE:**

SUBMIT THIS FORM AND THE REQUIRED DOCUMENTATION FROM STEP ONE  
TO THE FINANCIAL AID OFFICE.

YOU SHOULD EXPECT A DECISION OR A REQUEST FOR ADDITIONAL  
INFORMATION FROM THE FINANCIAL AID OFFICE WITHIN 2 WEEKS  
FROM THE TIME THAT YOUR REQUESTED INFORMATION IS SUBMITTED

The Office of Financial Aid reserves the right to request additional information if deemed necessary.  
It is the student's responsibility to check on the outcome of this professional judgment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Financial Aid Use Only**

Financial Aid Advisor or Administrator _____	
Decision _____	Date: ____/____/____
Comments: _____	
_____	
_____	

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under  
any program or activity sponsored or conducted by Claflin University on the basis of race, color, national origin,  
religion, sex, age, veteran status or disability