



Serving Richmond and Scotland Counties

Financial Aid Office

1042 West Hamlet Avenue
Post Office Box 1189
Hamlet, NC 28345
Phone (910) 410-1726
Fax (910) 582-7102

2019-2020 Professional Judgment Request (Independent Students)

Name: _____ Social Security # or Student ID: _____

Phone: _____ Email address: _____

Please check the categories that apply to your request:

- | | |
|---|---|
| <input type="checkbox"/> A. Recently unemployed | <input type="checkbox"/> D. Loss of Income or Benefits |
| <input type="checkbox"/> B. Separated or Divorced | <input type="checkbox"/> E. Received one-time income in 2017 |
| <input type="checkbox"/> C. Death of Spouse | <input type="checkbox"/> F. Other change in Income, please explain. |
- _____

1. Provide **Tax Return Transcript for 2017 and/or 2018**. Request a Tax Return Transcript from the IRS at www.irs.gov, click on the "Get Your Tax Record" link, then click "Get Transcript Online" or "Get Transcript by Mail" or call 1-800-829-1040. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript". If you are married and you and your spouse filed separate tax returns, you must submit Tax Return Transcripts for both you and your spouse.
2. Provide **W2s** for the 2017 and/or 2018 tax year for student and spouse.
3. Provide completed **Independent Verification Worksheet**.
4. Give a written reason for the request on this form **in the section designated on the next page**.
5. If you or your spouse are now unemployed, you must submit a **letter** on company letterhead stating the exact **date of termination**.
6. If employed during the current year in which you and your spouse have special circumstances, please submit **current year's last pay stub**.
7. If you or your spouse are receiving unemployment benefits, you must submit an unemployment payment history statement. This form can be obtained from the **Employment Security Commission**.
8. If you are requesting a special condition due to high medical bills, you must submit a **copy of each bill** you or your spouse have paid out of pocket (not of bills that insurance has paid). This can include gas for trips to the doctor, medicine or equipment.
9. In the case of the death of a spouse or parent, please provide a copy of the **Death Certificate**.

Please return this form and attach ALL required documentation to the Richmond Community College Financial Aid Office. Your application cannot be reviewed until all documentation is received. In some circumstances you may need to provide additional documentation after the review.

Please explain the special circumstances that you or your spouse have that might affect your need for student financial aid.

Certification and Signatures

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked:

- (1) to provide information that will verify the accuracy of your completed form
- (2) to provide U.S. or state income tax forms that you filed or are required to file.

You also certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

Student's Signature (Required)

Date

OFFICE USE ONLY