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Student ID (E Number) Last Name First Name

# 2024-2025 REQUEST FOR PROFESSIONAL JUDGMENT REVIEW

This form is used to re-evaluate your eligibility for 2024-2025 financial aid. We will act on your request for a re-evaluation only after receiving supporting documentation which confirms your circumstance(s). Please be aware that a re-evaluation does not guarantee an increase in your financial assistance. An increase depends on the availability of funds and demonstrated financial need. Decisions may take 4-6 weeks. The complete PJ Policy can be viewed here.

## ALL REQUESTS MUST BE RECEIVED AND PROCESSED BEFORE THE END OF TERM

Please submit this completed form, a paper copy of your 2022 tax return and all requested documentation below. Please include the student E# on each page) to our office in person (Student Services Building East Wing), via email at **finaldverification@eiu.edu** or by fax at 217-581-6422.

## REASON FOR REQUEST AND ADDITIONAL DOCUMENTATION REQUIRED

Please check the reason which best applies to your request for Professional Judgment.

Examples of documentation are listed below for common Professional Judgment reasons; however additional information may also be requested from you. Please note that a paper copy of your 2022 and/or 2023 tax information will be required for any updates to your FAFSA.

Please Note: Although each family's situation is reviewed on an individual basis, the following reasons generally do not result in a change to financial aid eligibility: bankruptcy (Chapter 7) and foreclosure. If you are considering Professional Judgment based upon one of these reasons, please contact our office prior to submitting this form.

Loss/Reduction of Employment (must be out of employment for 4+ weeks)   Effective Date:	

- Submit a copy of your parent's letter of separation/termination or letter from previous employer on company letterhead stating effective date and the circumstances under which they left their employment; and
- Submit a copy of the last and current pay statements showing gross year-to-date wages from each job worked for both parents; and
- Submit unemployment benefits statement from state agency stating start and end dates, gross weekly amount, and total amount of benefits; and
- Submit proof of severance pay received, 401K, IRA, stocks/bonds, pensions, or other assets converted to cash.

Retirement/Military Discharge   Effective Date:
<ul> <li>Letter from employer (DD214, Member-4 copy for military discharge)</li> <li>Verification of taxable Social Security Benefits, if applicable</li> <li>Verification of retirement benefits if applicable</li> </ul>
Loss of Other Income or Benefits   Effective Date:
The reduction must reflect a significant loss of 2023 or 2024 total income reported of 2000. You must have parted managed and provide the significant degrees in research

The reduction must reflect a significant loss of 2023 or 2024 total income reported on the FAFSA and be at least \$2,000. You must have earned money and experienced a significant decrease in resources as a result of disability, natural disaster, involuntary change in employment, or other catastrophic event.

- Submit a letter explaining the situation; and
- Submit proof of amount and type of income lost; and
- Submit a copy of the current pay statement showing gross year-to-date wages from each job worked for both parents.
- Please note: You may be required to submit copies of your 2022, 2023 and 2024 Federal Tax Transcripts before this form will be processed.

# Excessive Medical Bills/Insurance Premiums Paid in 2022, 2023 or 2024

Please note, if you have filed a Schedule A with your 2022 or 2023 taxes we are unable to process an additional review of your FAFSA info. You have already received a benefit for these expenses.

• Copy of all PAID receipts for medical/dental expenses, (itemized statements of payments made to pharmacies, doctors/dentists, medical equipment providers and/or hospitals) from those providers, or a copy of an IRS Schedule A if filed with federal taxes for 2022 or 2023.

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Student ID (E Number)

# 2023 ACTUAL INCOME -OR - 2024 ESTIMATED INCOME

PLEASE SELECT THE YEAR FOR WHICH YOU	J ARE PROVIDING INFORMATION (You may use only ONE year.):	□ 2023	□ 2024

Provide actual income for 2023 - OR - Estimate income for the entire year of 2024 (Jan. 1, 2024 through Dec. 31, 2024). Be sure to use amounts for the year, rather than monthly amounts. If you are a Dependent student enter info for your parents. If you are an Independent student enter information for yourself and spouse if married.	STUDENT / PARENT 1 NAME:	SPOUSE / PARENT 2 NAME:
Taxed Income:		
Total Wages (Provide copies of your 2023 W-2 form(s) - OR- most recent pay stub for 2024)	\$	\$
Unemployment Benefits	\$	\$
Interest/Dividend Income	\$	\$
Business/Farm Income	\$	\$
Pension/Annuity/Retirement Benefits	\$	\$
Taxable Social Security Benefits (do not include untaxed amounts)	\$	\$
Alimony/Spousal Support	\$	\$
Insurance Benefits	\$	\$
Military or Clergy Housing/Food Allowances	\$	\$
Disability Benefits	\$	\$
Severance Pay	\$	\$
Other (Such as Rent Received or Capital Gain, found on federal tax return) Please list sources:	\$	\$

Untaxed Income:	
Child Support Received: (Include total received for all children in 2023 or estimated amounts for 2024)	\$ \$
Pension/Annuity/Retirement Benefits:	\$ \$
Retirement/Disability Benefits Received: (Do NOT include untaxed Social Security Disability Income-SSDI)	\$ \$
Veteran Benefits	\$ \$
Payments to Tax Deferred Pension/Savings Plans (paid directly or withheld from earnings)	\$ \$
Deductible IRA/Keough	\$ \$
Untaxed Social Security Benefits (Do NOT include untaxed Social Security Disability Income-SSDI)	\$ \$
Other untaxed income not elsewhere listed	\$ \$

## **HOUSEHOLD MEMBERS**

Complete information regarding all household members, including yourself, whom you will support between July 1, 2024 and June 30, 2025.

Name	Age	Relationship to Student	If Person Will Attend College, College Name
		Student	Eastern Illinois University

If more than five in the household, attach a list of the additional people.

I certify that, to the best of my knowledge, all of the information on this form is accurate. I also understand that Eastern Illinois University may use follow-up procedures to verify data that I have submitted and/or has been submitted on my behalf. All information will remain confidential.

STUDENT SIGNATURE	DATE	
PARENT / SPOUSE STUDENT SIGNATURE	DATE	