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Student ID # **Last Name** **First Name**

2016-2017
Request for Professional Judgment Review

This form is used to re-evaluate your eligibility for 2016-2017 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**. ***The deadline for appeals for students enrolled fall semester only is November 1, 2016. The deadline for students enrolled spring semester only, or for both fall and spring semesters, is April 1, 2017.***

*Please submit all requested documentation (including the student E# on each page) to:
Eastern Illinois University, Office of Financial Aid and Scholarships, 600 Lincoln Ave., Charleston, IL 61920
Fax: 217-581-6422 Email: finaid@eiu.edu Questions? Call 217-581-6405

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: 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), foreclosure, private primary and secondary school tuition**. 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: _____/_____/_____
- Provide a copy of unemployment benefits approval showing weeks and amount approved for or statement of ineligibility.
- Provide documentation of severance (if applicable)

☐ **Retirement/Military Discharge** Effective Date: _____/_____/_____
- Letter from employer (DD214, Member-4 copy for military discharge)
- Verification of taxable Social Security Benefits, if applicable
- Verification of retirement benefits if applicable

☐ **Loss of Other Income or Benefits** Effective Date: _____/_____/_____
- Provide 2nd party documentation of the termination of benefits (loss of child support, alimony, Retirement Disability, Unemployment etc.)

☐ **Excessive Medical Bills/Insurance Premiums Paid in 2015 or 2016**
- 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 2015.

☐ **Death of a Parent or Spouse** Date of Death: _____/_____/_____
- Copy of Death Certificate

☐ **Divorce/Separation** Effective Date: _____/_____/_____
- Copy of divorce decree or verification of filing for divorce
- Signed statement of separation including date of occurrence
- Copy of parents' 2015 W-2 forms if joint tax return was filed, a copy of the **IRS Tax Return Transcript** from www.irs.gov. with each line of income noted as "mine" "his/hers" or "both". **(We cannot accept tax returns.)**
- If a joint tax return was filed, indicate which parent will remain on the FAFSA application
- ***If this is the 2nd continuous year of separation*** we require proof of separate households, i.e. utility bills or lease agreement

☐ **One-Time Income – Pension Withdrawal, Sale of Home, Etc.**
- Copy of 1099-R or other legal documentation
- Provide proof of how that income was spent

☐ **Parent in College**
- Completion of the estimated income section of this form is not required if this is the only reason a re-evaluation is being requested – *A specific Parent in College form is required which may be found on our website*.

☐ **Student Change in Marital Status** Date: _____/_____/_____
- Completion of the estimated income section of this form is not required if this is the only reason a re-evaluation is being requested – *A specific Change in Marital Status form is required which can be found on our website*.

☐ **Other**
- Please include a letter explaining your circumstances

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Student ID # **Last Name** **First Name**

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____

(Attach additional pages if needed)

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Student ID # **Last Name** **First Name**

2016 ESTIMATED INCOME

Estimate income for the entire year of 2016 (January 1, 2016 through December 31, 2016). 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 (include partial year amounts if parent is no longer employed but worked for part of 2016)	$	$
Unemployment Benefits	$	$
Interest/Dividend Income in 2016	$	$
Business/Farm Income	$	$
Pension/Annuity/Retirement Benefits in 2016	$	$
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.	$	$

Child Support you will PAY in 2016	$	$
If you report child support to be paid, you must list the names and ages of the children for whom support will be paid below:		
Alimony you will PAY in 2016	$	$

Untaxed Income:		
Worker's Compensation	$	$
Child support Received (include total to be received for all children in 2016 as well as partial year amounts if benefits will stop or be reduced during the year)	$	$
Pension/Annuity/Retirement Benefits	$	$
Retirement/Disability Benefits received in 2016 (Do not include untaxed Social Security Disability Income-SSDI)	$	$
Veteran Benefits in 2016	$	$
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, 2016 and June 30, 2017.

Name	Age	Relationship to Student	If person will attend college, enter college name
		Student	EIU

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 Signature _____ **Date**_____