2021 XPJ21

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Student ID # Last Name First Name

Eastern Illinois University
2020-2021 Request for Professional Judgment Review

This form is used to re-evaluate your eligibility for 2020-2021 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, 2020.
The deadline for students enrolled spring semester only, or for both fall and spring semesters, is April 1, 2021.

Please submit this completed form, a paper copy of your 2018 tax return and all requested documentation below. Please include 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: finaidverification@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. If you have previously linked your tax information using the IRS data retrieval tool, please note that a paper copy of your 2018 tax information will be required as any updates to your FAFSA will "un-link" the original information.**

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: _____/_____/_____
- 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: _____/_____/_____
*The reduction must reflect a significant loss of 2018 total income reported on the FAFSA and be at least $2,000. Parent/Step-parent must have earned money in 2018 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 a copy of your 2016/2018 Federal Tax Transcripts before this form will be processed.

☐ **Excessive Medical Bills/Insurance Premiums Paid in 2018, 2019, 2020 or 2021**
*Please note, if you have filed a Schedule A with your 2018 or 2019 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 2018 or 2019.

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☐ **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 (must provide receipts, copies of checks, etc).

☐ **Other**
- Please include a letter explaining your circumstances
- Include appropriate documentation (contact our office if you are unsure of what type of documentation to provide)

An explanation of circumstances is required for all re-evaluations to be considered:

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Student Signature Date

_____ _____

Parent/Spouse Signature Date

(Attach additional pages if needed)

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

2019 ACTUAL INCOME -OR- 2020 ESTIMATED INCOME

PLEASE CIRCLE THE YEAR FOR WHICH YOU ARE PROVIDING INFORMATION: (You may use only ONE year.)

2019 2020

Provide actual income for 2019 –OR- Estimate income for the entire year of 2020 (January 1, 2020 through December 31, 2020). 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 2019 W-2 form(s) - OR- most recent pay-stub for 2020)*	**$**	**$**
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:**	**$**	**$**

Child Support PAID in 2019 -OR- WILL PAY in 2020	**$**	**$**
If you report child support paid or to be paid, you must list the names and ages of the children for whom support is paid:		
Alimony PAID in 2019 -OR- WILL PAY in 2020	**$**	**$**

Untaxed Income:		
Worker's Compensation	**$**	**$**
Child support Received *(Include total received for all children in 2019 or estimated amounts for 2020)*	**$**	**$**
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, 2020 and June 30, 2021.

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**_____