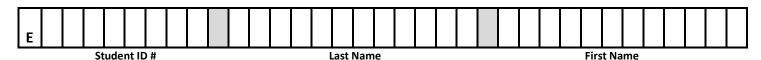
1819	XPJ	19
------	-----	----



## Eastern Illinois University 2018-2019 Request for Professional Judgment Review

This form is used to re-evaluate your eligibility for 2018-2019 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** <a href="here">here</a>.

The deadline for appeals for students enrolled fall semester only is November 1, 2018. The deadline for students enrolled spring semester only, or for both fall and spring semesters, is April 1, 2019.

\*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: <a href="mailto:finaid@eiu.edu">finaid@eiu.edu</a>
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 <u>not</u> result in a change to financial aid eligibility: <b>bankruptcy (Chapter 7), foreclosure, private primary and secondary school tuition</b> . If you are considering Professional Judgment based upon one of these reasons, please contact our office prior to submitting this form.
<ul> <li>Loss/Reduction of Employment (must be out of employment for 4 weeks) Effective Date:/</li> <li>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</li> <li>Submit a copy of the last and current pay statements showing gross year-to-date wages from each job worked for both parents; and</li> <li>Submit unemployment benefits statement from state agency stating start and end dates, gross weekly amount, and total amount of benefits; and</li> <li>Submit proof of severance pay received, 401K, IRA, stocks/bonds, pensions, or other assets converted to cash.</li> </ul>
<ul> <li>Retirement/Military Discharge Effective Date:/</li></ul>
*The reduction must reflect a significant loss of 2016 total income reported on the FAFSA and be at least \$2,000. Parent/Step-parent must have earned money in 2016 and experienced a significant decrease in resources as a result of disability, natural disaster, involuntary change in employment, or other catastrophic event.
<ul> <li>Submit a letter explaining the situation; and</li> <li>Submit proof of amount and type of income lost; and</li> <li>Submit a copy of the current pay statement showing gross year-to-date wages from each job worked for both parents.</li> <li>Please note you may be required to submit a copy of your 2016/2018 Federal Tax Transcripts before this form will be processed.</li> </ul>
□ Excessive Medical Bills/Insurance Premiums Paid in 2016, 2017, 2018, or 2019  *Please note, if you have filed a Schedule A with your 2016 or 2017 taxes we are unable to process an additional review of your FAFSA info. You have already received a benefit for these expenses.
<ul> <li>Copy of all <u>PAID</u> 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 2016, 2017 or 2018.</li> <li>Death of a Parent or Spouse Date of Death: / /</li> </ul>
<ul> <li>Submit a copy of the death certificate or obituary; and</li> <li>Submit 2018 income information for deceased, including a copy of the last pay statement showing gross year-to-date wages from each job worked; and</li> <li>Submit surviving parent's 2018 income information, including a copy of the current pay statement from each job.</li> </ul>
<ul> <li>Submit a copy of life insurance and/or survivor benefits.</li> </ul>

1819	>	PJ19																								
E	Stude	ent ID#							Last Na	ame										First	Name					
□ Divorc	e/Separa Copy of Signed s Copy of of incon If a joint If this is me Incor Copy of Provide in Colleg Submit	tion Effective control of the contro	decree t of sep 2016 V as "mil rn was ontinu sion W or other how th ted Par note, i y requi cal Stat e estim	or verbaration or verbaration of ver	rification incorms if his/he indicate arear of awal, il docume is you e comate: incon	ion colliding io	of filing fing date at tax report to the part of the p	for dof of of of turn  ". (rent we in the proving a reference of the provin	livorce ccurren was fil (We ca t will re require tc. ided or equesti colleg	nce ed, a a nnot a main proo	websinu do n	t tax e FAI epara te un not n	retu FSA a te h der eed	form to re	) cation holds is. eturn	n s, i.e the	e. uti	ility b	t from the state of the state o	or lea	ww.irs	s.gov reem	ient	nent :	form	ı.
other • an explana	Include	nclude a l appropria	ate doc	cumei	ntatio	n (cc	ontact o	ur of	ffice if								ocum	nenta	tion	n to p	rovide	•)				

Student Signature Date

Parent/Spouse Signature Date

E																												
	Student ID #							Last Name												Firs	t Na	me						

## 2017 ACTUAL INCOME -OR- 2018 ESTIMATED INCOME

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

2017 2018

Provide actual income for 2017 –OR- Estimate income for the entire year of 2018 (January 1, 2018	Student/	Spouse/
through December 31, 2018). Be sure to use amounts for the <u>year</u> , rather than monthly amounts.	Parent 1	Parent 2
(If you are a Dependent student enter info for your parents.)	name –	name –
(If you are an Independent student enter information for yourself and spouse if married.)		
Taxed Income:		
<b>Total Wages</b> (Provide copies of your 2017 W-2 form(s) - OR- most recent pay-stub for 2018)	\$	\$
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:	\$	\$
	1	
Child Support PAID in 2017 -OR- WILL PAY in 2018	\$	\$
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 2017 -OR- WILL PAY in 2018	\$	\$
	<u> </u>	
Untaxed Income:		
Worker's Compensation	\$	\$
Child support Received (Include total received for all children in 2017 or estimated amounts for 2018)	\$	\$
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 In	uly 1 2018 and I	une 30 2019

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	Dat	e
Parent/Spouse Signature	Dai	re