



## CARTERET COMMUNITY COLLEGE

### Professional Judgment Request 2021-2022

#### After you have compiled all documentation:

1. Submit all documentation to the Financial Aid Office, then
2. Schedule an appointment with the Financial Aid Director (email [financialaid@carteret.edu](mailto:financialaid@carteret.edu) or call 252-222-6293).

This application is in response to your request for a review of extenuating circumstances that you feel may change your financial aid eligibility. The Financial Aid Office requires that certain documents be provided to support claims of special circumstances. Special circumstances include, but are not limited to, loss of employment by you, your spouse, or your parents (if dependent) due to down-sizing, job relocation, lay-off, or medical condition.

The US Department Education provides in the Higher Education Act of 2010 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income rather than "prior-prior year" income to calculate a student's eligibility. If you, your spouse, or your parents (if dependent) meet an extenuating circumstances requirement in the 2021-2022 award year, your eligibility may be recalculated using expected income from the current year.

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### **PART I: Documentation Required for Review of all Special Circumstances**

**Step 1: A statement detailed your current situation and the reasons you are asking for special consideration.**

**Step 2: A copy of your 2020 Federal Income Tax Transcript for you, your spouse if you have one, and/or your parents if you are a dependent student, together with copies of all 2020 W2 forms and/or LES forms.**

**Step 3: 2021-2022 "Number of Household Members and Number in College" (FA12) form found on [www.carteret.edu](http://www.carteret.edu) (search "student forms").**

**Step 4: Complete the section below. Expected 2021 taxable and nontaxable income and benefits:**

STUDENT (AND SPOUSE, IF STUDENT IS MARRIED):

Student's 2021 expected income earned from work \$ \_\_\_\_\_

Your spouse's 2021 expected income from work (if applicable) \$ \_\_\_\_\_

Expected 2021 US Income tax to be paid (Calculated by DOE) \$ \_\_\_\_\_

Expected 2021 unemployment benefits \$ \_\_\_\_\_

Expected 2021 amounts from other taxable income and benefits \$ \_\_\_\_\_

Expected 2021 amounts from untaxed income and benefits \$ \_\_\_\_\_

Cash, Savings, and Checking account balances: \$ \_\_\_\_\_

Investment value (stocks, bonds, real estate other than your home) \$ \_\_\_\_\_

Are you a dislocated worker? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTS INFORMATION (IF DEPENDENT STUDENT):**

Your parent 1's 2021 expected income from work \$ \_\_\_\_\_

Your parent 2's 2021 expected income from work \$ \_\_\_\_\_

Expected 2021 US Income tax to be paid (Calculated by DOE) \$ \_\_\_\_\_

Expected 2021 unemployment benefits \$ \_\_\_\_\_

Expected 2021 amounts from other taxable income and benefits \$ \_\_\_\_\_

Expected 2021 amounts from untaxed income and benefits \$ \_\_\_\_\_

Cash, Savings, and Checking account balances: \$ \_\_\_\_\_

Investment value (stocks, bonds, real estate other than your home) \$ \_\_\_\_\_

**Step 5: Additional documentation required:**

1. Copy of most recent pay stubs or statements of earnings to date for all 2021 employment for student, spouse if applicable, and parents (if dependent student)
2. Documentation of all other sources of income (taxable and non-taxable) for student, spouse if applicable, and parents (if dependent student)
3. If applicable, employer's notice and/or written documentation of employment termination/cessation
4. If applicable, notice of application for unemployment compensation and amount received
5. If applicable, attending doctor's statement of disability/medical condition
6. If applicable, notification of Worker's Compensation
7. If applicable, documentation of employer disability payments
8. Other documentation as requested by the Director of Financial Aid

**YOUR REQUEST WILL NOT BE CONSIDERED IF ALL  
REQUIRED INFORMATION IS NOT PROVIDED**

**Part II: Certification Statement and Signatures**

I SWEAR UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION IN AN ATTEMPT TO OBTAIN FEDERAL FINANCIAL AID CAN RESULT IN A FINE OF UP TO \$20,000 AND/OR INCARCERATION. I UNDERSTAND THAT FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN DENIAL OF THIS APPLICATION.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Dependent Student:

Parent 1's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part III Certification of Corrections

If your professional judgment is approved, a correction will be made to your FAFSA by Carteret Community College's Financial Aid Office.

I AGREE TO HAVE MY CORRECTION SENT ELECTRONICALLY BY CARTERET COMMUNITY COLLEGE'S FINANCIAL AID OFFICE.

I certify that all of the information provided and corrected on my Student Aid Report is true and complete to the best of my knowledge. If I am asked, I agree to give proof that any information is correct. I understand that if I purposely give false or misleading information on my Student Aid Report, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Dependent Student:

Parent 1's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Reviewed by : \_\_\_\_\_ Date: \_\_\_\_\_ Approved Denied

Justification: \_\_\_\_\_  
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