



CARTERET COMMUNITY COLLEGE

Professional Judgment Request 2023-2024

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 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 2023-2024 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 detailing your current situation and the reasons you are asking for special consideration.**
- Step 2: A copy of your 2021 and 2022 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 2021 and 2022 W2 forms and/or LES forms.**
- Step 3: 2023-2024 "Number of Household Members and Number in College" (FA12) form found on www.carteret.edu (search "student forms").**
- Step 4: Complete the section below. Expected 2022 taxable and nontaxable income and benefits:**

STUDENT (AND SPOUSE, IF STUDENT IS MARRIED):

Student's 2022 expected income earned from work \$ _____

Your spouse's 2023 expected income from work (if applicable) \$ _____

Expected 2023 US Income tax to be paid (Calculated by DOE) \$ _____

Expected 2023 unemployment benefits \$ _____

Expected 2023 amounts from other taxable income and benefits \$ _____

Expected 2023 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? (Please circle answer.) **Yes** **No**

PARENTS INFORMATION (IF DEPENDENT STUDENT):

Your parent 1's 2023 expected income from work \$ _____

Your parent 2's 2023 expected income from work \$ _____

Expected 2023 US Income tax to be paid (Calculated by DOE) \$ _____

Expected 2023 unemployment benefits \$ _____

Expected 2023 amounts from other taxable income and benefits \$ _____

Expected 2023 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 2023 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: _____

