



FINANCIAL AID OFFICE
2024-2025 Request for Professional Judgment

You have indicated that there are circumstances that may affect the results of your 2024-2025 Free Application for Federal Student Aid (FAFSA). If the circumstance falls into one of the categories listed on this form, you may submit a Request for Professional Judgment. You must include all required documentation. Incomplete submissions will not be reviewed. If a correction is made to your FAFSA, it may result in a reduction in the base year income or the use of projected income for the current year. In many cases, an adjustment does not increase eligibility for grants. You will be notified after your request has been reviewed. Please allow FAO 14 business days to review and make a determination.

Name: _____ HCC ID # or SSN (last 4 digits): _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Date of Birth: _____

1. Attach a written statement explaining circumstance.

2. Attach a complete 2024-25 Verification of Family Size Form. Form may be downloaded at www.haywood.edu/financial-aid/forms.php

3. Check the unusual circumstance that best describes your situation. Complete required steps and attach the additional required documentation as indicated in italics.

- UNEMPLOYMENT/LOSS OF INCOME (check one): ___ father ___ mother ___ student ___ spouse
o Period of unemployment ___/___/___ to ___/___/___
o Layoff: letter from employer or unemployment commission stating effective date
o Termination: letter from employer or unemployment commission stating effective date
o 2023 Signed Federal Tax Return & W-2s for student, parents (if dependent), or spouse (if married) if completed
o Verification of 2024 earnings up to the date of last employment (including severance pay), e.g., last check stub from all employers
o Statement from Employment Security Office of expected 2024 unemployment benefits (if applicable)
o Retirement Pay Statement for 2023 (if applicable)
o Business Balance Sheet & Statement of Owner's Equity (if applicable)

DEATH OF PARENT OR SPOUSE AFTER FAFSA WAS COMPLETED (check one): ___ father ___ mother ___ spouse
o Copy of death certificate
o 2022 Federal Tax Return and 2023 Federal Tax Return & W-2s for student, parents (if dependent), or spouse (if married)

DIVORCE OR LEGAL SEPARATION AFTER FAFSA WAS COMPLETED (check one): ___ student/spouse ___ parents
o Copy of the divorce decree, legal separation agreement, or a letter from the attorney verifying the separation date
o If the separation is not yet legal, rent receipts/mortgage statements, gas, electric, or water bills showing separate households
o 2022 Federal Tax Return & W-2s for student, parent (if dependent), or spouse (if married)

UNUSUAL MEDICAL/DENTAL EXPENSES
o 2022 Federal Tax Return with Schedule A
o Statements from medical providers showing amounts PAID by parents/student/spouse in 2022.
o Statements from medical providers showing outstanding BALANCES DUE by parents/student/spouse in 2022.



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4. CERTIFICATION & SIGNATURES:

If student is classified as dependent, the student and parent whose information was reported on the FAFSA must sign and date.

By signing this form, I certify the following:

- I understand that this request will not be reviewed if incomplete.
- I will be notified of the status of this request, allowing 14 business days for processing.
- Requests to have financial aid based on 2023 income will not be reviewed until after May 1, 2024.
- I understand that I may be awarded financial aid before my appeal has been reviewed, but that my award may be revised if the professional judgment makes a difference in the amount of aid that I am eligible to receive.

I certify that the information provided on this form is true and correct. I understand I may be asked to provide additional documentation to support the information herein. By signing this form, I agree to allow Haywood Community College to submit corrections to my FAFSA electronically on my behalf. This information may include federal or state income tax that I filed or was required to file.

Print Student Name

HCC ID # or SSN (last 4 digits)

Student Signature

Date

Parent Signature (if dependent)

Date

WARNING! If you purposely give false or misleading information, you may be fined, imprisoned, or both.



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For FAO Use Only:

<i>Income Sources</i>	<i>Father/Step-father</i>	<i>Mother/Step-mother</i>	<i>Student</i>	<i>Spouse</i>
<i>Wages/Salaries/Tips</i>				
<i>Unemployment Benefits</i>				
<i>Other Income lines 8a-36 1040</i>				
<i>Other Taxable Income</i>				
<i>Social Security Benefits</i>				
<i>Child Support Received</i>				
<i>Untaxed Income (D,E,F,G,H,S)</i>				
<i>Total Estimated adjusted Income</i>				
<i>Total Income less deductions</i>				
<i>Estimated US Income Tax Paid</i>				
<i>Current Assets/Business</i>				

Date Received: _____ Reviewed By: _____

Date FAFSA Revised/Submitted: _____ Revised EFC: _____

Notes: _____
