

FINANCIAL AID OFFICE

2025-2026 Special Circumstance Request- Professional Judgement

You have indicated that there are circumstances that may affect the results of your 2025-26 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 2025-26 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
- ☐ Period of unemployment ____/____/____ to ____/____/____
 - ☐ *Layoff: letter from employer or unemployment commission stating effective date*
 - ☐ *Termination: letter from employer or unemployment commission stating effective date*
 - ☐ *2023 and 2024 Signed Federal Tax Return & W-2s for student, parents (if dependent), or spouse (if married) if completed*
 - ☐ *Verification of 2025 earnings up to the date of last employment (including severance pay), e.g., last check stub from all employers*
 - ☐ *Statement from Employment Security Office of expected 2025 unemployment benefits (if applicable)*
 - ☐ *Retirement Pay Statement for 2025 (if applicable)*
 - ☐ *Business Balance Sheet & Statement of Owner's Equity (if applicable)*
- ☐ **DEATH OF PARENT OR SPOUSE AFTER FAFSA WAS COMPLETED** (check one): ____ father ____ mother ____ spouse
- ☐ *Copy of death certificate*
 - ☐ *2023 Federal Tax Return and 2024 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
- ☐ *Copy of the divorce decree, legal separation agreement, or a letter from the attorney verifying the separation date*
 - ☐ *If the separation is not yet legal, rent receipts/mortgage statements, gas, electric, or water bills showing separate households*
 - ☐ *Child support payments (if applicable)*
 - ☐ *2023 Federal Tax Return & W-2s for student, parent (if dependent), or spouse (if married)*
- ☐ **UNUSUAL MEDICAL/DENTAL EXPENSES**
- ☐ *2023 Federal Tax Return with Schedule A*
 - ☐ *Statements from medical providers showing amounts PAID by parents/student/spouse in 2023.*

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- *Statements from medical providers showing outstanding BALANCES DUE by parents/student/spouse in 2023.*

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 2025 income will not be reviewed until after May 1, 2025.
- 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: _____
