



REQUEST FOR PROFESSIONAL JUDGMENT 2024-2025 – INDEPENDENT STUDENTS

INSTRUCTIONS: According to federal laws and regulations, a family's **2022** income is used to assess financial need for the **2024-2025** school year. If a family's **current** income is lower due to unusual circumstances, a financial aid administrator may be able to use the 2024-25 academic year income to assess financial need. Please provide information regarding your reduction by completing this form.

Student's Name _____ GCCC ID _____
Last First M.I.

I. DECREASED INCOME: Please mark the reason(s) that you/your spouse's income will be less now than in 2022.

- A. ☐ **REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME:** Student and/or spouse who received income in 2022 has experienced a reduction in that income for 2024-25. This could include a reduction in earnings, loss of employment, or taxable social security benefits, child support, or other taxed or untaxed income. Specify who this circumstance pertains to: Student: _____ Spouse: _____ Date reduction/loss occurred: _____ **You must attach a separate sheet that explains what income was lost or reduced and the reasons.**
- B. ☐ **DIVORCE OR SEPARATION:** Since applying for financial aid, you have become divorced or separated. Date of separation / divorce _____. When completing Section II below, give your information only. **Include a copy of the divorce decree or notarized GCCC Affidavit of Separation.**
- C. ☐ **DEATH OF A SPOUSE:** Since applying for financial aid, your spouse has died. Date (MM/DD/YY): _____. Give only your information when completing Section II below. **Provide a copy of the death certificate.**
- D. ☐ **ONE-TIME INCOME:** (i.e. inheritance, moving expense allowance, back year taxable Social Security payments, or lump sum retirement or IRA distribution). **You must attach a separate sheet or copies to identify the source of income and how funds were spent or invested, such as cancelled checks, account statements, etc.**
- E. ☐ **EXCESSIVE OUT-OF-POCKET MEDICAL EXPENSES:** You pay large medical bills. **Submit documentation (i.e., copies of canceled checks or printouts from medical facilities) indicating amounts actually paid.** Section II must be completed.
- F. ☐ **OTHER:** Student can specifically identify another reasonable circumstance that would substantiate a reduction in income for the academic year 2024-25. **You must attach a separate sheet that explains the circumstances.**

II. Complete the chart on the back of this page. YOU MUST PROVIDE DOCUMENTATION OF ALL INCOME. Documentation should include recent pay stubs with year-to-date earnings or a letter from an employer stating total earnings. Also, provide a worksheet (or fill in blanks below) showing the means used to calculate the estimate(s) of future income from work. All income listed should be GROSS income (before deductions).

INCOME FOR JULY 1, 2024 TO JUNE 30, 2025 REPORT <u>GROSS EARNINGS</u> (before deductions)	ACTUAL 07-01-2024 TO TODAY	ESTIMATED TODAY TO 06-30-2025	TOTAL (ACTUAL + ESTIMATED)
2024-25 income earned from work by <u>student</u> (wages, salaries, tips, net business/farm income)	\$	\$	\$
2024-25 income earned from work by <u>spouse</u> (wages, salaries, tips, net business/farm income)	\$	\$	\$
Other taxable income (dividends, interest, pensions, alimony, unemployment compensation, capital gains, etc.) SOURCE: _____	\$	\$	\$
Taxable Social Security Benefits	\$	\$	\$
Child support received	\$	\$	\$
Other untaxed income (earned income credit, welfare benefits, workers comp, payments to IRA/KEOGH, etc.) SOURCE: _____	\$	\$	\$
Total Income for Academic Year 2024-2025	\$	\$	\$

III. CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if asked by the Office of Financial Aid. I also realize that if I do not provide proof when asked, the student may not receive financial aid.

Student's Signature

Date

Student:

_____ X \$ _____ X _____ = _____
Hours Working per Week \$ Per hour Weeks Left Until 06/30/25 Estimated Amount

Spouse (if applicable):

_____ X \$ _____ X _____ = _____
Hours Working per Week \$ Per hour Weeks Left Until 06/30/25 Estimated Amount