2016-2017 Independent Student Professional Judgment Form
Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

Student Name_______________________ Student Tech ID #/STAR ID ____________
Phone # - _______________________

Itasca Community College’s Professional Judgment Request Form is designed to address special circumstances affecting income since the original 2016-2017 Free Application for Federal Student Aid (FAFSA) application was filed. Income from 2015 is normally used to determine eligibility for 2016-2017 financial aid. If a family's financial situation is substantially worse in 2016 due to certain special circumstances, adjustments may be made to the FAFSA. This may change what your family is expected to contribute to your cost of education. Students who have a “ZERO” expected family contribution from the FAFSA will not receive an increase to their aid by completing this form. Award letters are generated based on original FAFSA results. Any Professional Judgment changes that affect awards will result in a revised award letter.

Please wait to complete and submit this form until 2016 tax returns are completed if the reason for applying is due to reduced wage income. Requests regarding loss of earned income are not reviewed until spring semester when 2016 tax data is available. Retroactive award adjustments for fall semester may be made as long as the student is still enrolled.

DIRECTIONS:

STEP 1. Please attach a TYPED letter explaining your situation in detail.

STEP 2. Check the box(es) that best describe your special circumstances.

STEP 3. Attach copies of 2014, 2015, and 2016 Federal tax returns and W-2/1099 forms for both student and spouse (if applicable) once they are available.

STEP 4. Provide required documentation and complete reverse side. No adjustments can be made without supporting documentation.

( ) Reduction in income (over 15%) from what is shown on my 2015 taxes because of:

( ) Unemployment or change in employment of student. Date of change: __________
( ) Unemployment or change in employment of spouse. Date of change: __________
( ) Divorce/separation of student/spouse. Date ________
( ) Death of spouse. Date ________
( ) Loss of benefits or untaxed income. Date ____________
( ) One-time income (inheritance, IRA/pension, distribution, etc.)
( ) Other. Explain ____________________________

REQUIRED Documentation: You must attach proof of 2014, 2015, and 2016 income. Include federal tax returns, copies of W-2 forms, proof of 2014, 2015, and 2016 untaxed income received, alimony or child support agreements, etc.

( ) Major medical or dental expenses not covered by insurance. (Anything over 10% of your total income)

REQUIRED Documentation: Attach proof of expenses such as an itemized medical or dental deductions page from your tax return or receipts of medical and dental payments (not charges) made in the past year.

( ) Other unusual circumstances. Please explain on an attached sheet. Include appropriate documentation.
EXPECTED 2016 UNTAXED INCOME

Student Name: ___________________________ Student Tech ID #/STAR ID____________________

Please detail untaxed income for you and your spouse (if applicable) for the period from January 1 - December 31, 2016 and attach requested tax returns/W-2 forms. Social Security Benefits and/or SSI do not need to be listed.

<table>
<thead>
<tr>
<th>Income Source Table</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1 through December 31, 2016</td>
<td></td>
</tr>
<tr>
<td>1 Child Support to be/was <strong>received</strong> in 2016</td>
<td>$</td>
</tr>
<tr>
<td>2 Other untaxed income (such as V.A. Disability, housing allowances or room/board provided by another)</td>
<td>$</td>
</tr>
</tbody>
</table>

**Will you/spouse pay out any child support in 2016?** ______ Yes ______ No

If yes, how much? $____________

**Are you graduating or leaving ICC at the end of Fall semester 2016?** ______ Yes ______ No

I certify this information is correct and complete.

Student’s Signature: ___________________________ Date: __________________

Return to: ICC Student Services (Financial Aid) Office
            1851 E. Hwy 169 Grand Rapids, MN  55744
            FAX – 218 -322-2325

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OFFICE USE ONLY:  Professional Judgment   (  ) Approved   (  ) Denied

(See ISRS comment screen FA0037UG)

_________________________________________  _______________________
Financial Aid Administrator                      Date

Itasca Community College is an affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service. If you require an accommodation for a disability, please contact: Ann Vidovic – 14 Backes Center  218-322-2433 or ann.vidovic@itascacc.edu