**2019-2020 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 2019-2020 Free Application for Federal Student Aid (FAFSA) application was filed. Income from 2017 is normally used to determine eligibility for 2019-2020 financial aid. If a family’s financial situation is substantially worse in 2018 or 2019 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.

**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 2017 and 2018 Federal tax returns as well as W-2/1099 forms for both student and spouse (if applicable) once available. If you or your spouse (if applicable) was a non-tax filer, submit a written statement that you/spouse did not and were not required to file a tax return for one or more of the tax years requested.

**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 2017 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 2017 and 2018 income. Include federal tax returns, copies of W-2 forms, proof of 2017 and 2018 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.
2018 UNTAXED INCOME

Please detail **anticipated or actual** untaxed income for you and your spouse (if applicable) for the period from January 1 - December 31, 2018. **Social Security/SSI Benefits 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, 2018</td>
<td></td>
</tr>
<tr>
<td>2018 untaxed income (such as V.A. Disability, Worker’s comp, housing allowance or room/board provided by another)</td>
<td>$</td>
</tr>
</tbody>
</table>

Will child support be **received** or **paid out** of your household in 2018?  ____ Yes  ____ No

- If yes, how much received? $___________  How much paid out? $___________

What do you expect your/spouse’s (if applicable) 2019 Federal Adjusted Gross Income to be?

$___________

What income changes have occurred or will occur in 2018 and beyond that are not reflected on the 2017, or 2018 tax/income data submitted?

____________________________________________________________________________________
____________________________________________________________________________________

I certify this information is correct and complete.

Student:______________________________  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
FA0004UG updated  ( ) FA1952CF run  ( ) CMNT screen  ( )

________________________________________  ____________________________
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