

Professional Judgement Appeal

Special Circumstances Income Adjustment

2024 - 2025 Academic Year

STUDENT ID #: _____

For Office Use Only

Please print clearly. Do not leave any item blank.

Student Name: _____ Tech ID#: _____
Last First

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student Email: _____@my.saintpaul.edu

Saint Paul College recognizes that Federal Student Aid is based on annual gross income from two previous tax years and special circumstances may occur after the FAFSA application was completed. If you, your spouse or parent(s) have experienced a significant decrease in income since 2022 due to a special circumstance, you may be eligible for an income adjustment to your FAFSA. Please complete this form and submit it to the Financial Aid Office with ALL the required documents. Submitting an incomplete document will cause a delay in processing.

This form is being completed based on income adjustment by:

First and Last Name

Student Name: _____

Student Spouse: _____

Parent 1: _____

Parent 2: _____

Current Employment part-time or full-time.

Write N/A for "Not Applicable"

Please choose one of the following:

Required documents from parent(s) and student for 2023 income use:

- 2022 & 2023 IRS 1040 Tax Return(s) with signatures
- 2022 & 2023 W-2s and/or 1099's with all required IRS tax schedules
- Typed detailed statement explaining your special circumstance for requesting an income adjustment. Please include a hand signed signature and date
- Attached supporting document

Required documents from parent(s) and student for 2024 projected income use:

- Last 2 pay stubs from today's date
- 2022 IRS 1040 Tax Return(s) with signatures
- 2022 W-2s and/or 1099's with all required IRS tax schedules
- Typed detailed statement explaining your special circumstance for requesting an income adjustment. Please include a hand signed signature and date
- Attached supporting document

OR

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Example of Supporting Documents but are not limited to:

- Letter of termination or reduction of hours from employer
- Unemployment notice of determination
- Proof of Consolidated Omnibus Budget Reconciliation Act (COBRA)
- Letter from employer, insurance company, workers compensation board, or other disability agency indicating when employment was terminated
- A copy of the death certificate for the deceased
- A statement from the appropriate agency, company or person making the benefit payment indicating when the benefits were terminated
- A copy of the divorce decree or a signed court statement indicating the date of separation
- Any additional documentation supporting your claim for an income adjustment

Examples of Common Circumstance but are not limited to:

- An unforeseen loss of employment or income
- Termination of benefits received or income such as child support, alimony, social security
- One-time occurrence of income such as a debt cancellation, an inheritance, lottery win, or IRA withdrawal
- Childcare expenses paid
- Death of a parent or spouse
- Divorce or legal separation
- Major medical or dental expenses not covered by insurance
- Unemployment from circumstances beyond one's control

Examples of Circumstance NOT considered eligible for Income Adjustment:

- High mortgage
- Car payments
- Personal debt
- Reducing hours or quitting a job to attend school

***Requests may take up to 30 business days to review**

STUDENT/PARENT(S) CERTIFICATION:

I certify that the information provided on this form, and supporting documents, is true and complete to the best of my/our knowledge. I agree to provide additional documentation, if requested. I understand that if at any time there is a change in the estimate of the income that was submitted on this form, I will notify the Office of Financial Aid. I understand that the income adjustment form submitted without required supporting documentation and letter of explanation will not be reviewed and will cause a delay in processing. I also understand that submission of an income adjustment form does not guarantee that my financial aid will be adjusted, and that I am responsible for any outstanding balance owed to the college.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____