FOR INDEPENDENT STUDENTS:

This application is a request for a review of special circumstances that you feel may change your financial aid eligibility. Professional Judgment refers to the school’s authority to make adjustments to the data elements reported on the Free Application for Federal Student Aid (FAFSA) so that the Department of Education can recalculate the Expected Family Contribution (EFC). The EFC is the number that the school uses to determine a student is eligible for need based financial aid. The school does not have the authority to make direct adjustments to the EFC and can only change data elements that may change the EFC.

UNC Asheville Financial Aid Office requires that you provide certain documents to support your claim of special circumstances. The professional judgment process is an extensive process that requires a thorough review by a committee of senior staff to determine what, if any changes may be appropriate based on your application. It is a time intensive process that includes the following steps:

- The FAFSA of each student who submits a Change in Circumstance form will be selected for Verification (if not previously selected). Verification is the process used to check the accuracy of the information provided by the student applicant and family when applying for Federal Student Aid. Please note that during the Verification process, corrections to your FAFSA may be required which can result in a change to your aid eligibility.
- The file will then be reviewed to determine if all required documentation has been submitted. If additional documentation is required, the student will be notified via UNC Asheville email.
- A committee will meet to determine if your Professional Judgment application meets the criteria to make data element changes to your FAFSA.
  - If approved, appropriate changes will be made to your FAFSA and submitted to the Department of Education. The Department of Education will then recalculate the Expected Family Contribution (EFC) and the student’s eligibility for need based aid. Student will be notified via UNC Asheville email.
  - If denied, the student will be notified via UNC Asheville email.

The U.S. Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student’s eligibility. Your parents’ situation must meet one of the criteria used by UNC Asheville to determine special circumstances. If your parents meet a special circumstance requirement in the 2015-2016 award year, your eligibility may be recalculated using expected income for 2014.

In many cases, an adjustment does not increase the student’s eligibility for grants or the total amount of aid awarded. The adjustment may only increase the student’s eligibility for loans, change non-need based loans to need based loans, or may not result in any increased aid. Be aware that if you receive Federal Pell Grant or a North Carolina Grant, it may be reduced or lost because it is based on your original EFC.

We recommend that you complete your current award requirements and accept any current financial aid that you wish to use to satisfy your bill. Due to the nature of the process, your request may not be completed before the payment deadline.

You must satisfy your semester bill even if your Change in Circumstance request has not been reviewed or finalized, or your registration may be cancelled.

NOTES FOR COMPLETION:

- Complete only the sections that apply to your situation and provide all required documentation.
- Provide all requested signatures.
- Write student’s name and UNCA ID# across the top of all documents.
- An incomplete application will be returned. Please do not submit this form unless the form is complete and all requested documentation, signatures, and requirements have been met.
SECTION 1: Circumstance Categories & Required Documentation – To Be Completed by Student

Required Documentation for ALL Change in Circumstances:

☐ Written statement detailing the specifics of your circumstance (Section 3)
☐ IRS Federal Tax Return Transcript for 2014 (Student AND Spouse, if applicable)
☐ Copies of all W-2 forms for 2014 (Student AND Spouse, if applicable)
☐ UNC Asheville’s Office of Financial Aid Form: Independent Verification Worksheet (VRFI)
   If not previously submitted as part of the verification process, complete and submit the 2014-2015 Independent Verification Worksheet for Federal Student Aid Programs form (VRFI) available from the Financial Aid web site at financialaid.unca.edu under “Forms”.

Select the circumstance that best describes your situation and provide all required documentation as applicable:

A. A student or spouse who earned money in 2014 and who has lost his or her job or has had at least a 40% reduction of income within their current employment in 2015. This does not include resignation of employment.

Name of person affected ____________________________ Relationship to Student ____________________________

Date of employment termination/reduction of income: _____________ Date (to be) re-employed: ______________

Will person being evaluated receive unemployment? ☐ Yes ☐ No

Check only one that corresponds to your situation and provide the documentation listed whenever applicable.

___ Termination or involuntary cessation of employment

Required documentation for termination or involuntary cessation of employment (in addition to requirements listed at beginning of Section 1):

☐ Employer’s notice (written documentation) of termination/cessation on company letterhead
☐ Last paystub from all employers showing year-to-date earnings (Student AND Spouse, if applicable)
☐ Copy of certification of unemployment benefit eligibility and total amount received/to be received
☐ Print out of weekly unemployment compensation received in 2014 and to date in 2015
☐ Documentation of all other sources of income (taxable and non-taxable)

___ Involuntary reduction of income (at least 40%) within current employment

Required documentation for involuntary reduction of income (in addition to requirements listed at beginning of Section 1):

☐ Employer’s notice (written documentation) of reduction of income on company letterhead
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)

___ Loss of employment due to retirement

Required documentation for involuntary reduction of income (in addition to requirements listed at beginning of Section 1):

☐ Proof of type of retirement, effective date, and monthly pension(s) amount(s) along with any other retirement account statements
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)

___ Disability or natural disaster; unable to earn money for _______ weeks in 2015

Required documentation for disability or natural disaster (in addition to requirements listed at beginning of Section 1):

☐ Attending doctor’s signed and dated statement of disability
☐ Documentation of date disability or natural disaster resulted in termination of employment
☐ Documentation of employer disability payments
☐ Notification of workers’ compensation
☐ Documentation of Official Declaration of Natural Disaster status
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)
SECTION 1: Continued

B. Student or Spouse total loss of untaxed income or benefit for more than 10 consecutive weeks in 2015. This must be a complete loss of the benefit. The untaxed income or benefit must have been from a public or private agency, or company, or person because of a court order. Do not include Veterans’ educational benefits.

Name of person affected __________________________________ Relationship to Student ____________________________

Date of employment termination of benefit: _________________

Check only one that corresponds to your situation and provide the documentation listed whenever applicable.

____ Loss of unemployment compensation; Date last received: __________

Required documentation for loss of unemployment compensation (in addition to requirements listed at beginning of Section 1):

☐ Copy of certification of unemployment benefit eligibility showing termination date and total amount received
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)

____ Loss of disability benefits; Date last received: __________

Required documentation for loss of disability benefits (in addition to requirements listed at beginning of Section 1):

☐ Employer’s notice and/or written documentation of termination/cessation
☐ Benefit provider’s notification of loss of benefit, effective date of lost benefit, and total amount received in 2014
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)

____ Loss of Court Ordered Child Support; Date last received: __________

Required documentation for loss of court ordered child support (in addition to requirements listed at beginning of Section 1):

☐ Court documents verifying loss, date and conditions of loss
☐ Last paystub from all employers showing year-to-date earnings of Student AND Spouse, if applicable
☐ Documentation of all other sources of income (taxable and non-taxable)

C. The student has separated or divorced, or spouse has died after the 2014-2015 FAFSA was completed.

____ Student has separated or divorced; Date of separation or divorce: __________

Required documentation (in addition to requirements listed at beginning of Section 1):

☐ Copy of either court documented separation agreement or divorce decree/settlement

____ Spouse has died; Date of death: __________

Required documentation (in addition to requirements listed at beginning of Section 1):

☐ Copy of death certificate or obituary
☐ Copy of surviving student’s most recent pay statement showing year-to-date earnings
SECTION 2: Expected 2015 Family Income – To Be Completed by Student

NOTE: If filing this form due to separation, divorce or death of a spouse, only include the income of the student.

DO NOT LEAVE ANY LINES BLANK OR THIS FORM WILL BE RETURNED TO YOU. If an item does not apply, write in “0” (zero).

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<tbody>
<tr>
<td>1. Wages, salaries, tips, etc. (before taxes) – Student</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>2. Wages, salaries, tips, etc. (before taxes) – Spouse</td>
<td>$_______________ + $_______________ = $____________</td>
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<tr>
<td>3. Net income from business or farm - Student</td>
<td>$_______________ + $_______________ = $____________</td>
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<tr>
<td>4. Net income from business or farm - Spouse</td>
<td>$_______________ + $_______________ = $____________</td>
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<tr>
<td>5. Unemployment benefits – Student</td>
<td>$_______________ + $_______________ = $____________</td>
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<tr>
<td>6. Unemployment benefits – Spouse</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>7. Net income from rent, trusts, royalties, partnerships, estates, etc.</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>8. Other taxable income (alimony, capital gains, taxable pensions)</td>
<td>$_______________ + $_______________ = $____________</td>
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Other Untaxed Income:

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<td>9. Child support received for all children</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>10. Social security benefits for all household members (Note: untaxed amount is not used in EFC calculation)</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>11. Housing, food, and other living allowances paid to military, clergy, and others</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>12. Veterans non-education benefits such as Disability, Death Pension, DIC, VA Educational Work Study, etc.</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>13. Workers’ Compensation</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>14. Any other nontaxable income and benefits (list source)</td>
<td>$_______________ + $_______________ = $____________</td>
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<td>15. TOTAL INCOME IN 2014:</td>
<td></td>
<td></td>
<td>$_______________ + $_______________ = $____________</td>
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SECTION 3: Explanation of Special Circumstance – To Be Completed by Student

Please explain in detail the reason for your request and the details of your income reduction or extenuating circumstance. Please include applicable dates. If total estimated income reported in Section 2 is less than $10,000, also explain how you are able to pay for current family living expenses. (Attach supplemental information/documentation as needed.)

☐ Check here if you have typed or written the explanation on a separate page.

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

SECTION 4: Certification Statement – Must be signed by Student and Spouse

I swear under penalty of perjury all of the information contained in this application is true to the best of my knowledge. I understand that providing intentionally false or misleading information in attempt to obtain federal financial aid can result in a fine of up to $10,000 and/or incarceration.

I understand that failure to provide the required documentation may result in denial of this application. I understand that additional documentation may be requested and that I will provide all requested documentation.

☐ By checking this box and signing below, we (student and parent) understand that if the student is receiving a Pell Grant or any of the North Carolina state grants, there is a possibility that these grants could be increased or decreased based on the award revision.

Print Student’s Name ___________________________  Student’s Signature ___________________________  Date __________

Print Spouse’s Name ___________________________  Spouse’s Signature ___________________________  Date __________