



2022-2023 PROFESSIONAL JUDGMENT (PJ) FORM

Student Name _____ Student ID _____

The purpose of this form is to allow the student and parent(s) to submit additional information resulting from one or more of the following scenarios below.

All valid requests **must** have this completed and signed **Professional Judgment (PJ) Form** attached to the required documents. Include the student's Dillard ID number on ALL correspondence. If the student is a dependent, both the student and at least one parent must sign this form. Please check all categories shown below that are applicable.

****INCOMPLETE PROFESSIONAL JUDGMENT REQUESTS WILL NOT BE CONSIDERED****

SITUATION:	DOCUMENTATION REQUIRED:
1. Child Care	<ul style="list-style-type: none"> • Copy of invoice and/or letter from the provider, stating amount paid per child per week/month.
2. Decrease in Income/Loss of Income -- injury, full- time to part-time employment, left job to return to school, loss of benefits, layoff, termination, quit job <p style="text-align: center;">FILE a PJ request AFTER JUNE 1st</p> <input type="checkbox"/> 2021 Income Change: If your PJ Request is because your 2021 income will be less than 2020, fill in the reverse side of this form. Income loss must be substantial to make a difference in the Expected Family Contribution (EFC) that the Federal Government has determined on the FAFSA filed for the 2022-2023 award year. <input type="checkbox"/> 2022 Income Change: If your PJ Request is because your 2022 income will be less than 2020, fill in the reverse side of this form. Income loss must be substantial to make a difference in the Expected Family Contribution (EFC) that the Federal Government has determined on the FAFSA filed for the 2022-2023 award year. <input type="checkbox"/> This request is COVID-19 related.	<ul style="list-style-type: none"> • Letter from employer citing change in work status or permanent separation date. Submit eight weeks after last date of employment. • Copy of Last Pay Stub • Copy of MOST RECENT PAY CHECK STUBS (Student & Parents) • Statement of benefits (i.e. Social Security has terminated for student reaching age 18). List benefits for all other members of the household. • Copy of unemployment benefits stating the amount and number of weeks or statement of ineligibility for such benefits. • Letter from parent listing child support termination date, and copy of supporting document(s). Include amounts if there are other children still receiving support payments. • If the student is a dependent, filing for aid with both parents, we need income information for both, even if income for one parent has not changed. • All Verification Documents: 2022-23 Verification Worksheet, Non-Traditional Household (if applicable), copy of 2020, 2021 IRS Tax Return Transcript, Schedules, 2020 & 2021 W-2 Forms, etc. and all pertinent income verification. Year 2021: All Income received and will receive during year 2021.
3. Elementary/Secondary Tuition (for applicable year)	<ul style="list-style-type: none"> • Copy of the paid invoice from the school. List only amounts paid in year 2020 or 2021, not including the entering Dillard student, if applicable.
4. Medical Expenses Submit ONLY medical expenses not covered by insurance for which <u>payments were already paid out-of-pocket</u> . We will not consider any medical expenses which have not yet been paid. Expenses incurred and paid in a previous calendar year are not eligible for PJ consideration. If you are filing both a loss/decrease of income AND a medical PJ Request, the medical expense documentation must be for the year in which the family is requesting the change/payments were made (2020, 2021 or 2022). The medical expense must be out of pocket expenses in which you did not receive a tax credit on your tax return. For the 2021 or 2022 projected year medical expenses, submit documents for all PAID bills. We will only use amounts above 10% of your AGI or 7.5% for parents over age 65, since you may be able to claim up to that amount on your taxes. FILE PJ Request AFTER JUNE 1st.	<ul style="list-style-type: none"> • Copy of 2020 or 2021 IRS Tax Return Transcript (including all schedules). <p>Include the following if medical expenses were NOT claimed on your Federal Taxes.</p> <ul style="list-style-type: none"> • Copies of bills, AND cancelled checks or credit card statement reflecting these payments. • Copies of explanation of benefits from the insurance company, showing payments made toward the amount due. • Itemized list of monthly payments, AND cancelled checks or credit card statements reflecting the payments.
5. Parent(s) attending college: Parent(s) attending college must be enrolled at least half-time during the 2022-2023 academic year and working toward a degree.	<ul style="list-style-type: none"> • Verification of enrollment from the Registrar's Office of the University or College that the parent(s) attends.
6. Retirement	<ul style="list-style-type: none"> • Letter of separation from employer and copy of retirement benefits statement. • Copy of last pay stub showing earnings prior to retirement • If student is dependent, filing for aid with both parents, we need income information for both parents, even if income for one parent has not changed.

The counseling staff reserves the right to request additional documentation.

Be sure you have completed and submitted the following along with your PJ Request:

- A **Verification Worksheet** (include your & your spouse's **or** parent's 2020, 2021 IRS Tax Return Transcript and W-2(s) or Schedules (if applicable)).
- A **detail letter** explaining how your family's situation or expenses have changed which meets one of the specified criteria from the list on the front of this page.
- Please give specific dollar amounts of reduced income which match the documentation you provide--\$X in child care expenses, \$X in medical expenses, etc.
- Provide proper documentation of your PJ Request. **See the chart on the front page for specifics.**

SUBMIT ALL INCOME RECEIVED FOR THE REQUEST APPLICABLE YEAR (2020, 2021 AND/OR 2022)

The requested information will be used to evaluate changes in your family situation and determine if allowable adjustments can be made in order to present a more realistic picture of the family's ability to contribute to the cost of education. Adjustments of financial aid awards are subject to the availability of funds.

**Projected Year Income and Asset Information (Estimated 2021 OR 2022 amounts from January—December calendar year).
DOLLAR AMOUNTS MUST MATCH SUPPORTING DOCUMENTATION.**

I. Taxable Income	Student (<input type="checkbox"/> 2021 OR <input type="checkbox"/> 2022)		Parent (<input type="checkbox"/> 2021 OR <input type="checkbox"/> 2022)	
Salary, Wages and Tips	Student _____	Father _____	Spouse _____	Mother _____
Interest and/or dividend income	Student _____	Father _____	Spouse _____	Mother _____
Net income (loss) from business, farm, rent, royalties, partnerships, estates, trusts, etc.	_____	_____	_____	_____
Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, unemployment benefits, etc.	_____	_____	_____	_____
II. Estimated Deductions				
U. S. Income Tax Paid (estimated)	_____	_____	_____	_____
Child Support Paid	_____	_____	_____	_____
**Medical Expenses not covered by insurance	_____	_____	_____	_____
III. Non-Taxable Income and Benefits				
**Social Security Benefits	_____	_____	_____	_____
**Aid to Families with dependent children	_____	_____	_____	_____
**Child Support Received	_____	_____	_____	_____
**Other non-taxable income (such as housing/food/living allowances paid to military or clergy, child support received, worker's compensation, etc.)	_____	_____	_____	_____
IV. Other				
Household Size	_____	_____	_____	_____
Number in College	_____	_____	_____	_____

We (I) affirm that the information on both sides of this form is correct and complete to the best of our (my) knowledge. We (I) certify that the Office of Financial Aid & Scholarships will be notified if circumstances change.

_____ Student's Signature	_____ Date	_____ Father's Signature	_____ Date
_____ Spouse's Signature	_____ Date	_____ Mother's Signature	_____ Date

****Requires Documentation**