### Unique Situation | Independent Student | Required Documentation
--- | --- | ---
Loss of Employment  
A student (or spouse) who earned money in 2020 and/or 2021 has lost his/her job, % he/she has been unemployed for at least 10 weeks.  
Your (and/or your spouse’s) income earned in 2022 will be less than what was earned in 2020 and/or 2021.  
| * 2020 and/or 2021 US Federal IRS Tax Transcript  
* W-2 Wage statements  
* Unemployment Award Letter  
* Last pay stub showing year-to-date earnings  
* Termination notice from employer

Other Loss of Income  
* Alimony  
* Child Support  
* Retirement/Pension  
* Social Security (taxed)  
* Workers’ Compensation  
* Decrease in income  
You (and/or your spouse) received benefits in 2020 which have ceased or been reduced in 2021 and/or 2022.  
Your (and/or your spouse’s) 2022 income will be reduced due to a change in number of hours worked while attending school or as a result of changing employers.  
| * 2020 and/or 2021 US Federal IRS Tax Transcript  
* W-2 Wage statements  
* Original 2020 and/or 2021 Benefit Statement listing total amount received  
* Revised 2021 and/or 2022 Benefit Statement and/or court documents listing updated amount to receive and effective date  
* Letter from employer verifying the reduced number of hours

Separation or Divorce  
You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2021  
Date of change: ___/___/____  
| * 2020 and/or 20201 US Federal IRS Tax Transcript  
* W-2 Wage statements  
* Divorce decree or separation agreement or proof of separate addresses

Death of a Spouse  
Your spouse has died AFTER filing the FAFSA.  
| * 2020 and/or 20201 US Federal IRS Tax Transcript  
* W-2 Wage statements  
* Death certificate

One Time Payment Received:  
* Pension or IRA  
* Annuities  
* Settlement  
* Other ___________________  
You (and your spouse) received a one-time lump sum payment of monies in 2020.  
| * Explanation of how one time funds were used  
* 2020 US Federal IRS Tax Transcript  
* W-2 Wage statements  
* Documents detailing amount, source, reason

Significant Medical Expenses  
You (and/or your spouse) paid expenses not covered by insurance and are over the expected cost of attendance.  
21-22 Total Expenses $________  
| * Copy of billing statements and/or receipts of payment  
* Statement regarding the specific nature of the family’s medical expenses.  
* Insurance Explanation of Benefits showing portion not covered by insurance plan
2022-2023 Professional Judgment Request – Income Adjustments – INDEPENDENT - continued

Student Name _____________________________ Student ID# __________________________

**Section B – Explanation of Unique Situation** – You must attach a written statement detailing the specifics of your situation and provide any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement and include your student ID number.

**Section C – Projected Income & Benefits from:** Calendar Year: January 2021- December 2021.

You are required to provide your received and/or expected income for all categories listed below. If no income is received and/or expected for a category, use "0" or "N/A" - do not leave any blanks. In addition to the required documentation listed on page 1, you must submit proof of all income figures provided below (e.g., for wages, supply a copy of your most recent pay stub).

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Student Amount</th>
<th>Student's Spouse (if married) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Tips, Salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and/or Dividend Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions and/or Annuities</td>
<td></td>
<td></td>
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<tr>
<td>Severance Pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Benefits</td>
<td></td>
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<tr>
<td>Social Security Benefits</td>
<td></td>
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<tr>
<td>Child Support</td>
<td></td>
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<tr>
<td>Alimony</td>
<td></td>
<td></td>
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<tr>
<td>Welfare Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: __________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of All Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D – One Time Payment Amount in 2020** – If your appeal is for a One Time Payment received in 2019 please enter the amount received below.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Student Amount</th>
<th>Student's Spouse (if married) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E – Statement of Certification** – All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that false statements or misrepresentations will be cause for denial, reduction, or repayment of financial aid funds received. I understand that all requests are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature _____________________________ Date _____________

Spouse Signature (Optional) _____________________________ Date _____________

Financial Aid Office Use Only

Comments:

Action Taken:

☐ RHACOMM updated ☐ Email sent to Student ☐ Email sent to KB

Financial Aid Advisor Signature: _____________________________ Date: _____________

Associate Director Signature: _____________________________ Date: _____________

Date Corrections Submitted to COD: _____________________________

Date Corrections Received from COD: _____________________________