

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**2018-2019 PROFESSIONAL JUDGMENT-INDEPENDENT STUDENT**

Eligibility for 2018-2019 financial aid is based on your 2016 tax year and may no longer be an accurate indicator of your ability to contribute to your educational costs. Please check the appropriate circumstances below for your request. Supporting documentation and written explanation is required for all circumstances. **NOTE: You are required to complete the verification process prior to processing your professional judgment. Please see your To Do List for required items.**

**Section 1 Reason for Change in Income**

You must provide third party documents to substantiate your request, e.g., death certificate, divorce or separation document, employment termination letter, last pay stub reflecting year to date earnings, verification of unemployment compensation, disability claim, physician statement, etc. Please include a copy of your 2017 Federal Tax Return Transcript (from [www.IRS.gov/transcript](http://www.IRS.gov/transcript)) or spouse's 2017 Federal Tax Return Transcript. **NOTE: If processed after January 2019, proof of 2018 income may be required.**

|                          | <b><u>Special Circumstance</u></b>   | <b><u>Attach Supporting Documentation</u></b>   |
|--------------------------|--|---|
| <input type="checkbox"/> | Loss or change of income earned from employment  | Most recent paystubs; employment termination notice showing last day worked; severance package; notification from employer verifying income change  |
| <input type="checkbox"/> | Loss or change in unearned income (such as Social Security, Worker's Compensation, Child Support, Pension/annuities, Disability, Unemployment) | Benefit termination notification showing date income terminated; proof of payments received in 2016; proof of payments received in 2017   |
| <input type="checkbox"/> | Death of parent or spouse  | Copy of death certificate; documentation of impact on finances  |
| <input type="checkbox"/> | Separation or Divorce  | Date of separation, divorce decree, W-2s  |
| <input type="checkbox"/> | Unusually high medical expenses not covered by insurance   | Copy of Schedule A from 2016 or 2017 federal tax return if you itemized medical expenses; statements from doctors, hospitals, etc. showing personal payments  |
| <input type="checkbox"/> | One Time Income  | Documentation supporting the cause of this one-time event<br>IRS 1099-R (if applicable)<br>2016 and 2017 Tax Return Transcripts.<br><i>If processed after January 1, 2019, also include a 2018 Tax Return Transcript.</i> |
| <input type="checkbox"/> | Other – (Please explain)   | Provide supporting documentation of your financial hardship   |

This document must be submitted in PDF format through the ERAU secure upload submission by clicking on <https://vforms.erau.edu/forms/public/financial-aid/>

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**Section 2 Other Estimated Income for 2018**

List below other additional income that was not received in 2017 that your family anticipates receiving in 2018 due to your special circumstance. For example, if after loss of employment, you anticipate cashing in a pension/annuity; if after divorce, you anticipate getting child support or alimony; if after the death of a spouse, you anticipate receiving life insurance benefits, etc.

| <b><u>Type of Income</u></b> | <b><u>Anticipated Yearly Total</u></b> |
|------------------------------|--|
|                              |  |
|                              |  |
|                              |  |
|                              |  |
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**Please submit this form and all supporting documentation in PDF format through the ERAU secure upload submission by clicking on <https://vforms.erau.edu/forms/public/financial-aid/>. Please include your Student ID on all documents and do not send any sensitive or confidential data (social security numbers, sensitive financial information including account numbers, etc.)**

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

**Certifications and Signatures**

By signing this form I declare that all information on this form is true and accurate and all sources of income have been reported to the best of my knowledge. I understand that I will be responsible for returning all students financial aid monies received due to inaccurate, false, or misleading information being provided on this form and/or any other documents submitted to the Financial Aid office. In addition, I understand that Embry-Riddle Aeronautical University reserves the right to assume standard levels of income in certain situations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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