

Student:

First Name: _____ Last Name: _____ Student ID #: _____

Parent:

First Name: _____ Last Name: _____

2016-2017 PROFESSIONAL JUDGMENT-PARENT FOR STUDENT

Please check the appropriate circumstances for your request. Supporting documentation is required for all circumstances.

Section 1 Reason for Change in Income

	<u>Special Circumstance</u>	<u>Documentation Required</u>
<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 2015; proof of payments received in 2016
<input type="checkbox"/>	Death of spouse	Copy of death certificate; documentation of impact on finances
<input type="checkbox"/>	Excessive medical expenses not covered by insurance	Copy of Schedule A from 2015 federal tax return if you itemized medical expenses; statements from doctors, hospitals, etc. showing personal payments
<input type="checkbox"/>	Other – (Please explain) _____	Provide supporting documentation of your financial hardship

Note: You must provide third party documents to substantiate your request, for example a 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 2015 Federal Tax Return Transcript (from www.IRS.gov/transcript) and/or spouse's 2015 Federal Tax Return Transcript.

Please provide a detailed written explanation for your request and circumstances in the space provided.

This document can be submitted to your campus Financial Aid Office in person, mailed, faxed to 386-226-6307, or scanned and emailed to dbfinaid@erau.edu. (Please remember that attached documents must be PDF)

Student:

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Parent:

First Name: _____ Last Name: _____

Section 2 Estimated Change in Income

This section must be completed to show changes in income for the household. Please be as specific as possible when indicating dollar amounts.

<u>Estimated Gross Income</u>	<u>Parent</u>		<u>Spouse</u>	
	<u>2015</u>	<u>2016</u>	<u>2015</u>	<u>2016</u>
Wages/earnings				
Interest Income				
Pension				
Self employment/Farm				
Alimony				
Unemployment				
Other				
TOTAL				

This section must be completed to show changes in income for the household. Please be as specific as possible when indicating dollar amounts.

<u>Estimated Untaxed Income</u>	<u>Parent</u>		<u>Spouse</u>	
	<u>2015</u>	<u>2016</u>	<u>2015</u>	<u>2016</u>
Social Security/SSI				
Child Support				
Pension/Annuity (untaxed)				
Worker's Compensation				
Disability benefits				
Cash Support				
TANF/Welfare				
Other				
TOTAL				

<p>WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.</p>

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 student 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.

Parent Signature

Date

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