

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

2016-2017 PROFESSIONAL JUDGEMENT-INDEPENDENT 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 parent or 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, 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 2015 Federal Tax Return Transcript (from www.IRS.gov/transcript) or spouse's 2015 Federal Tax Return Transcript.

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

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.

Table A

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

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)

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Table B

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

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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