

**Washburn University  
Financial Aid Office  
1700 SW College  
Topeka, KS 66621  
(785) 670-1151  
1-800-524-8447**

**FAX (785) 670-1079**

<http://www.washburn.edu/financial-aid>

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

## **2009-2010 Professional Judgment Request (Special Circumstances)**

STUDENT'S NAME \_\_\_\_\_

WIN \_\_\_\_\_ SSN \_\_\_\_\_  
(Please Print) (Please Print)

*Financial aid administrators can use professional judgment to make adjustments to "data items" in the cost of attendance and need analysis as cited in section 479A of the Higher Education Act.*

*Please read and answer the following questions and indicate any change in 2009 income that applies to your request for review. Each individual situation may require **additional** documentation.*

- \_\_\_\_\_ A. Unemployment or change in employment: **Submit letter from employer, termination letter or DD214 and final pay stub with year to date summary** (including gross wages).
- \_\_\_\_\_ B. Divorce/separation: **Submit divorce decree/separation agreement if legally separated. Submit 2008 federal 1040 tax return and all W-2's.** (You do not have to be legally separated to apply.)
- \_\_\_\_\_ C. Death of student's parent or spouse: **Submit documentation such as death certificate or obituary. Provide 2008 1040 tax return, all W-2's and worksheet schedules.**
- \_\_\_\_\_ D. Disability of student, student's parent or spouse resulting in change on FAFSA: **Submit documentation from Vocational Rehabilitation, SRS, or other agency.**
- \_\_\_\_\_ E. Loss of benefit (e.g., loss of social security benefits or child support because the Child turned 18.): **Submit letter from Social Security Administration, or Form 1099 for 2008, or divorce decree that indicates when child support ends.**
- \_\_\_\_\_ F. Received one-time income distribution (e.g., inheritance, moving expense allowance, back year social security payments, or IRA or pension distribution): **Provide documentation to identify the source of income.** Parents and/or Students applying for the above Special Circumstances *must complete* page 2 and/or 3 of this form.

**A brief description explaining your special circumstances must be completed on page 4 in the Comment Section.**

# PARENT INFORMATION

(Parent information pertains only to student's submitted parental information on the 2009-2010 Free Application for Federal Student Aid)

**Parent(s) 2009 income will change significantly from the previous year.** Attach wage statements from current and/or former employer(s) showing actual earnings to-date and your estimate of earnings for the remaining months in 2009.

**Date the event occurred:** \_\_\_\_\_

## TOTAL EXPECTED 2009 TAXABLE INCOME

	Actual amount from 1/01/09 _____ (today's date)	+	Projected amount from _____ (tomorrow's date) to 12/31/09	=	Yearly Total
a) Father's Expected 2009 Gross Wages	\$ _____	+	\$ _____	=	\$ _____
b) Mother's Expected 2009 Gross Wages	\$ _____	+	\$ _____	=	\$ _____
c) 2009 Interest or Dividend Income	\$ _____	+	\$ _____	=	\$ _____
d) Other Expected 2009 Taxable Income					
1. Alimony Received	\$ _____	+	\$ _____	=	\$ _____
2. Unemployment Compensation	\$ _____	+	\$ _____	=	\$ _____
3. Business/Farm Income not included above	\$ _____	+	\$ _____	=	\$ _____
4. Capital Gains	\$ _____	+	\$ _____	=	\$ _____
5. Pensions	\$ _____	+	\$ _____	=	\$ _____
6. Annuities	\$ _____	+	\$ _____	=	\$ _____
7. Rents	\$ _____	+	\$ _____	=	\$ _____
8. Taxable Portion of 2009 Social Security Payments	\$ _____	+	\$ _____	=	\$ _____
9. Other	\$ _____	+	\$ _____	=	\$ _____
<b><u>2009 Total Taxable Income</u></b>					<b>\$ _____</b>

## TOTAL EXPECTED 2009 UNTAXABLE INCOME

**Parent(s) 2009 untaxed income will change significantly from the previous year.** Attach statement of actual income received and estimates of income to be received for the remaining months in 2009.

	Actual amount from 1/1/09 _____ (today's date)	+	Projected amount from _____ (tomorrow's date) to 12/31/09	=	Yearly Total
a) 2009 Child support received for <b>all</b> children.	\$ _____	+	\$ _____	=	\$ _____
b) 2009 Temporary Assistance for Needy Families (TANF)	\$ _____	+	\$ _____	=	\$ _____
c) 2009 Veteran's benefits (no educational benefits)	\$ _____	+	\$ _____	=	\$ _____
d) Untaxed Social Security Payments	\$ _____	+	\$ _____	=	\$ _____
e) Other _____	\$ _____	+	\$ _____	=	\$ _____
<b><u>2009 TOTAL UNTAXED INCOME</u></b>					<b>\$ _____</b>

## STUDENT INFORMATION

**Student/Spouse 2009 income will change significantly from the previous year.** Attach wage statements from current and/or former employer(s) showing actual earnings to-date and your estimate of earnings for the remaining months in 2009.

**Date the event occurred:** \_\_\_\_\_

### TOTAL EXPECTED 2009 TAXABLE INCOME

	Actual amount from 1/01/09 _____ (today's date)	+	Projected amount from _____ (tomorrow's date) to 12/31/09.	=	Yearly Total
a) Student's Expected 2009 Gross Wages	\$ _____	+	\$ _____	=	\$ _____
b) Spouse's Expected 2009 Gross Wages	\$ _____	+	\$ _____	=	\$ _____
c) 2009 Interest or Dividend Income	\$ _____	+	\$ _____	=	\$ _____
d) Other Expected 2009 Taxable Income					
1. Alimony Received	\$ _____	+	\$ _____	=	\$ _____
2. Unemployment Compensation	\$ _____	+	\$ _____	=	\$ _____
3. Business/Farm Income not included above	\$ _____	+	\$ _____	=	\$ _____
4. Capital Gains	\$ _____	+	\$ _____	=	\$ _____
5. Pensions	\$ _____	+	\$ _____	=	\$ _____
6. Annuities	\$ _____	+	\$ _____	=	\$ _____
7. Rents	\$ _____	+	\$ _____	=	\$ _____
8. Taxable Portion of 2009 Social Security Payments	\$ _____	+	\$ _____	=	\$ _____
9. Other	\$ _____	+	\$ _____	=	\$ _____
<b><u>2009 TOTAL TAXABLE INCOME</u></b>					<b>\$ _____</b>

### TOTAL EXPECTED 2009 UNTAXABLE INCOME

**Student/Spouse 2009 untaxed income will change significantly from the previous year.** Attach statement of actual income received and estimates of income to be received for the remaining months in 2009.

	Actual amount from 1/1/09 _____ (today's date)	+	Projected amount from _____ (tomorrow's date) to 12/31/09	=	Yearly Total
a) 2009 Child support received for <b>all</b> children.	\$ _____	+	\$ _____	=	\$ _____
b) 2009 Temporary Assistance for Needy Families (TANF)	\$ _____	+	\$ _____	=	\$ _____
c) 2009 Veteran's benefits (non educational benefits)	\$ _____	+	\$ _____	=	\$ _____
d) Untaxed Social Security Payments	\$ _____	+	\$ _____	=	\$ _____
e) Other _____	\$ _____	+	\$ _____	=	\$ _____
<b><u>2009 TOTAL UNTAXED INCOME</u></b>					<b>\$ _____</b>

**Additional circumstances** that may significantly impact a parent or student's income in 2009.

- \_\_\_\_\_ G. A family maintains two households (generally temporarily) because of employment changes. Provide proof of utility bills and/or landlord's statement, second household maintenance, i.e. a mortgage, lease, bills.
- \_\_\_\_\_ H. A family incurs medical expenses **not covered** by insurance. **You must submit your 2009 Federal tax return and all schedules including schedule A. (Itemized deductions.) If no schedule A, submit copies of canceled checks and/or statements showing expenses that were paid in 2008. Do not include any premiums paid for your medical insurance.** Request will not be processed until 2009 taxes are provided.
- \_\_\_\_\_ I. Parent(s) enrolled at least 1/2 time in a post-secondary school for the 2009-2010 school year in a program leading to a degree or certificate. **Attach a copy of class schedule and paid tuition receipt with this form.**
- \_\_\_\_\_ J. A family has tuition payments at a private elementary or secondary school for children considered part of the household. **Submit copies of paid tuition bills or a paid receipt from the school(s) for 2009.**
- \_\_\_\_\_ K. Dependent care costs paid for the care of a dependent family member. Such as care for a child with special needs, a disabled or elderly family member. **Submit copies of costs for their care or itemized statement of expenses.**

**Comment Section:** \_\_\_\_\_  
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I certify that the information provided by me is true and complete to the best of my knowledge. I understand that if I receive financial aid based on incorrect information I will have to pay it back. I also understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's/Parent's E-mail address (Optional) \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Signature of Parent\* \_\_\_\_\_

**\* If parental information is being appealed, we must have at least one parent's signature.**