



PROFESSIONAL JUDGMENT DOCUMENTATION-INCOME REDUCTION

NAME _____

SOC. SEC. NO. _____ - _____ - _____

- 1. Will your income and/or spouse or parent's income be less this year than last year? [] Yes [] No
2. Please check the appropriate reason why income has reduced:

- [] a. Unemployment or change in employment [] b. Divorce/separation
[] c. Death of spouse or parent [] d. Disability of student/spouse/parent
[] e. One-time income (examples: inheritance, moving expense allowance, prior-year Social Security payments, or IRA/pension distribution) [] f. Other _____

3. Please write an explanation below describing what has happened. Include date the situation changed and why. For example, if loss of job, explain where you worked, when you worked and if you are eligible for unemployment, when you became eligible and how much you will receive. Use the back of this form to show in detail how you determined your anticipated income for the current year. (Attach copies of documents supporting your explanation.)

(Continue on back)

4. If 2e is checked above, identify the source of income and how funds were spent or invested. _____

5. Please complete the following anticipated income information for a one year period beginning from the date your circumstances changed: _____ (date) (Attach copies of current signed income tax returns for student/spouse or student/parent and copies of unemployment documentation).

If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of the surviving parent.

Table with 3 columns: ANTICIPATED 12 MONTH INCOME BEGINNING: (with sub-rows for Wages, Severance, Disability, etc.), STUDENT/SPOUSE, PARENT. Total row at the bottom.

By signing this Professional Judgment worksheet, I/We certify that all the information reported to qualify for Federal student aid is complete and correct. (If married, a spouse's signature is optional. If dependent student, at least one parent must sign.)

Student signature _____ Date _____ Spouse signature _____ Date _____
Father/Stepfather signature _____ Date _____ Mother/Stepmother signature _____ Date _____

Explanation continued: *(Copies of supporting documentation must be attached, i.e., receipts, bills, invoices, etc.)*

LBWCC is committed to meeting the needs of the disabled in all programs, services, and activities. Disabled individuals who require reasonable accommodations (including auxiliary aids and services) should contact Ms. Latrece Hall, n in Andalusia, Ms. Shana Burke in Greenville, Ms. Laura Elliott in Luverne or Mr. Jason Cain on the MacArthur Campus.

It is the policy of Lurleen B. Wallace Community College that no individual shall be discriminated against on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age or any other protected class as defined by federal and state law.