

**SPECIAL CIRCUMSTANCES PROFESSIONAL JUDGMENT 2024-2025**  
**FORMS & WORKSHEETS**

**FORMS**

**Special Circumstances - Professional Judgment 2024-2025 Usage Documentation Form**

**Special Circumstances - Professional Judgment 2024-2025 Data Element Adjustment Report Form**

**WORKSHEETS**

**Income Reduction**

**Large Debts**

**Exceptional Medical / Dental Expenses**

**Dependent Care Expenses**

**USAGE DOCUMENTATION FORM**

**School Name:** \_\_\_\_\_ **School ID#:** \_\_\_\_\_

**Financial Aid Administrator's Name:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**I, the financial aid administrator of this school, have used professional judgment to adjust this student's eligibility for Federal Financial Aid.**

**My reason(s) for using professional judgment is/are as follows:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any supporting documentation is listed below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Financial Aid Administrator**

\_\_\_\_\_  
**Date**

**SPECIAL CIRCUMSTANCES -PROFESSIONAL JUDGMENT 2024-2025  
DATA ELEMENT ADJUSTMENT REPORT FORM**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The following line items on the student's FAFSA need to be changed to reflect the use of professional judgment:

FAFSA Question Item #	Description	Professional Judgment Adjusted Amount

\_\_\_\_\_  
Signature of Financial Aid Administrator

\_\_\_\_\_  
Date

**INCOME REDUCTION**  
**(Or Receipt Of Non-Recurring Income)**  
**WORKSHEET 2024-2025**

**For independent students (and spouse, if applicable) or**  
**For dependent students and their parents**

Will your income and/or your spouse's or parent's income be less in 2024 than in 2022 for any of the reasons listed below? (If yes; please indicate date of the change.)

1. One time income (*Inheritance, back year Social Security payments, etc.*)

Yes       No      Date: \_\_\_\_\_

If yes, what is the source of income and how were the funds spent or invested?

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2. Expenses and/or losses from a local disaster (*earthquake, flood, hurricane, etc.*)

Yes       No      Date: \_\_\_\_\_

3. Unemployment or change in employment

Yes       No      Date: \_\_\_\_\_

4. Death of spouse or parent

Yes       No      Date: \_\_\_\_\_

5. Divorce/Separation

Yes       No      Date: \_\_\_\_\_

6. Disability of student, spouse, or parent

Yes       No      Date: \_\_\_\_\_

If you answered Yes to items 3 – 6 please complete the following table.

ANTICIPATED INCOME FOR _____ TO _____*	*
Month / Year	Month / Year
Wages, Salaries, Tips ( <i>including severance pay, disability payments and any other income from work</i> )	\$
Other taxable Income	\$
Untaxed Social Security benefits	\$
Aid to Families with Dependent Children (AFDC)	\$
Child support received	\$
Other untaxed income	\$
<b>TOTAL</b>	<b>\$</b>

\* Use a 12 month period that more accurately reflects the student/parent current situation.  
 I certify that all of the information on this worksheet is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's/Parent's Signature

\_\_\_\_\_  
 Date

**LARGE DEBTS WORKSHEET 2024-2025**  
**For independent students (and spouse, if applicable) or**  
**For dependent students and their parents**

1. Do you or your spouse (*Independent Students*), or your parents (*Dependent Students*) have unusually large debts or loans for which you or they are now making monthly payments? (*This would not include mortgages or credit card debts to cover unemployment expenses or failed/failing businesses; legal fees for divorce, adoption, etc.; education loans of spouses or parents; or personal debts for nondiscretionary expenses*).

Yes       No  
 (If Yes, complete items 2-4)

2. List information for each debt:

Type or cause of debt and to whom owed	Date & Amount of original debt	Current balance owed	Date payments began	Monthly payment amount	Date payments end
	Date _____ \$	\$	Date _____	\$	Date _____
	Date _____ \$	\$	Date _____	\$	Date _____
	Date _____ \$	\$	Date _____	\$	Date _____
	Date _____ \$	\$	Date _____	\$	Date _____

3. In 2024 will these expenses be  Lower       Higher       Same

Why? \_\_\_\_\_

\_\_\_\_\_

4. How will you finance these expenses? \_\_\_\_\_

\_\_\_\_\_

I certify that all of the information on this worksheet is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's/Parent's Signature

\_\_\_\_\_  
 Date

EXCEPTIONAL MEDICAL/DENTAL EXPENSES WORKSHEET 2024-2025

For independent students (and spouse, if applicable) or  
For dependent students and their parents

1. Medical/Dental Insurance payments in 2022 (Not including employer’s contribution) were:  
\$\_\_\_\_\_.

2. Medical/Dental expenses in 2022 not paid by insurance were: \$\_\_\_\_\_.

3. In 2024 will these expenses be  Lower  Higher  Same

Why? \_\_\_\_\_  
\_\_\_\_\_

4. How will you pay for these expenses? \_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information on this worksheet is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s/Parent’s Signature

\_\_\_\_\_  
Date

## SUPPORT OF NON-HOUSEHOLD RELATIVES/FRIENDS WORKSHEET 2024-2025

For independent students (and spouse, if applicable) or  
For dependent students and their parents

1. Do you contribute financial support to relatives/friends who are not counted as members of your household?  Yes  No

(If Yes, complete items 2-4)

2. List relatives/friends and the amount of relevant support given for each:

Name, Age & Relationship of Relatives/Friends	Month & Year Support Began	Month & Year Support Ends	Amount You Pay Per Month	Amount Paid by Other Sources Per Month	Reason For Support
Name _____ Age _____ Relationship _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Relationship _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Relationship _____	Month _____ Year _____	Month _____ Year _____	\$	\$	
Name _____ Age _____ Relationship _____	Month _____ Year _____	Month _____ Year _____	\$	\$	

3. In 2024 will these expenses be  Lower  Higher  Same

Why? \_\_\_\_\_  
\_\_\_\_\_

4. How will you pay for these expenses? \_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information on this worksheet is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's/Parent's Signature

\_\_\_\_\_  
Date

## DEPENDENT CARE & EXPENSES WORKSHEET 2024-2025

For independent students (and spouse, if applicable) or  
For dependent students and their parents

1. Will you pay for elementary or secondary education expenses or dependent care expenses in the 2024-2025 award year?  Yes  No

(If Yes, complete items 2-4)

2. List family members and the amount of relevant expense given for each:

Name, Age & Relationship of Family Member	Elementary Education Expense	Child Care Expense	Secondary Education Expense	Adult dependent care expense	Total Calendar Year 2022 Expenses
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					
Name _____ Age _____ Rel. _____					

3. In 2024 will these expenses be  Lower  Higher  Same

Why? \_\_\_\_\_

\_\_\_\_\_

4. How will you pay for these expenses? \_\_\_\_\_

\_\_\_\_\_

I certify that all of the information on this worksheet is true and complete to the best of my knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's/Parent's Signature

\_\_\_\_\_  
Date