



## Professional Judgment Request Form for Change of Income

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student SSN: \_\_\_\_\_

You have indicated that a reduction in income has occurred since the time you originally applied for financial aid by filing the FAFSA. Please complete the worksheet and return it with documentation describing your situation to the Northwestern College financial aid office. Please answer every question; if the answer is zero, enter 0.

### **PROJECTED INCOME FOR 2015**

Name of person with an income change: \_\_\_\_\_

Relationship to student:  Mother  Father  Student (self)  Other (\_\_\_\_\_)

#### **Taxable Income:**

\$\_\_\_\_\_ Actual income from 1/1/2015 until \_\_/\_\_/2015. (Enter date income changed)

\$\_\_\_\_\_ Estimated income from \_\_/\_\_/2015 until 12/31/2015.

\$\_\_\_\_\_ Projected other taxable income (includes interest and dividend income, unemployment compensation, taxable IRA or pension distributions, capital gains/losses, etc.)

If severance pay was offered, include the amount and describe the terms of your severance.

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

#### **Untaxed Income:**

\$\_\_\_\_\_ Annual child support

\$\_\_\_\_\_ Projected other untaxed income (includes untaxed portions of pensions, worker's compensation, untaxed contributions to IRA, housing benefits, foreign earned income exclusion, untaxed unemployment benefits, etc.)

**Explanation (REQUIRED)** – Please explain the situation that caused the income change in the space below.

*My signature below confirms that all of the information submitted is true and complete to the best of my knowledge. If asked by an authorized official, I (we) agree to give proof of this information. I (we) also realize that if I (we) do not give proof when asked, the request may not be considered.*

Student Signature: \_\_\_\_\_  
(Required if student's income changed)

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(Required if parent's income changed)

Date: \_\_\_\_\_

Please mail to: Northwestern College  
Financial Aid Office  
101 7<sup>th</sup> St SW  
Orange City, IA 51041

Fax to: 712-707-7165

Email attach to: [finaid@nwciova.edu](mailto:finaid@nwciova.edu)