

Professional Judgment Request Form, 2018-19 Change of Income

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 financial aid office.

PERSONAL INFORMATION

Student Name		Student ID Number	Student SSN
Name of person	with an income change		
Relationship to s	student		
\$	e: Actual gross income from 1/1/2017 unt Estimated gross income from / Explain how this estimate was calculate	/2017 until 12/31/2017 (Er	
\$ \$ \$	pension distributions, capital gains/loss Amount of severance pay 2016 child support expected	ses, etc. as untaxed portions of pension	e, unemployment compensation, taxable IRA or ns, worker's compensation, untaxed IRA
MARK THE	BOX FOR THE CAUSE OF INCOM	E CHANGE AND PROVIDE I	DOCUMENTATION AS INDICATED BELOW:
Docum • 20 • Fir • Te • Ur • Se	(quit, laid off, terminated, disabled) nentation required: 16 and/or 2017 W2s nal pay stub from previous employer ermination or resignation letter nemployment paystub, if applicable everance benefit statement, if applicable splain the situation using space provide	e	
Docum • 20 • 20	ours, reduced pay rate, or change in pentation required: 16 and/or 2017 IRS tax form, pages 1- 16 and or 2017 W2s ost recent pay stub		oss earnings

- Final pay stub before the change occurred
- Explain the situation using space provided at bottom of this form.



□ Retirement

Documentation required:

- 2016 and/or 2017 W2s
- Final pay stub from previous employer
- Retirement letter (from you to employer, or from employer)
- Description of amount and type of future retirement income for rest of 2017
- Explain the situation using space provided at bottom of this form.

□ Other

Documentation required:

- Explain the situation using space provided at bottom of this form.
- Other documentation as directed by the financial aid office

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 Signa			Date		
	(Required in	f student's income changed)			
Parent Signatu	ure		Date		
	(Required i	f parent's income changed)			
For office u	ise only:				
Original EFC \$		Adjusted EFC \$	PJ date		
PJ completed by		Method of communicating results	Method of communicating results		
PJ notes _					
Please mail to	Northwestern College Financial Aid Office 101 7th St SW Orange City, IA 51041	Email as attachment to finaid@nwciowa.edu	Fax to 712-707-7165		

Explanation of income change: