

Last Name: _____ First Name: _____ M.I. _____

Middlesex College ID Number: _____ Phone Number: _____

The Financial Aid Office recognizes that students and their families may have extenuating financial circumstances that the 2024 base year income as reflected on the Free Application for Federal Student Aid (FAFSA) does not consider. Federal Financial Aid regulations state that the institution's decision to perform a Professional Judgment on a parent, student, and/or spouse's income must be made on a case-by-case basis, justified by an individual student's special circumstance(s), and must be documented in the student's file.

Upon reviewing the family situation and supporting documentation, the financial aid administrator will decide whether any adjustments can be made to the financial aid application to best reflect the present situation. Submission of this appeal form **does not guarantee** a favorable change in your financial aid eligibility or award(s).

Due to the complexity of the Income Adjustment Request process, all requests will be reviewed within 30 days or 4 weeks of receipt and decisions rendered within 60 days or 8 weeks of receipt. This timeframe is contingent on receipt of all requested documents.

All decisions are final and may not be appealed.

Steps to Completing the Income Adjustment Request Process:

1. Check the appropriate box(es) that apply to the special circumstance(s).
2. Complete this form and attach **all** applicable documentation and submit to West Hall, Enrollment Services.
3. If clarification or additional documentation is needed, a Financial Aid Administrator will contact the student via the student's Middlesex College email address.

- | | |
|--|---|
| <input type="checkbox"/> Marital Divorce or Separation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Loss of Employment/Reduction in Wages | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Loss of Taxed/Untaxed Income | <input type="checkbox"/> Unusual Medical/Dental Expenses not covered by Insurance |
| <input type="checkbox"/> Loss of Parent/Spouse | <input type="checkbox"/> Other: _____ |

Please provide documentation as listed for each circumstance(s) for which you are submitting this request:

- ☐ **Marital Divorce or Separation:** Effective Date: _____
- Copy of the Divorce Decree or other court documentation;
 - Documentation of separation (attorney's letter and/or documentation of separate residences).

☐ **Loss of Employment/Reduction in Wages:** **Effective Date:** _____

- Letter or form documenting separation from employer. Document should be on company letterhead and include last date of work;
- Unemployment Benefits determination document;
- Documentation of 2025 and 2026 income (last paystub, Social Security benefits, pension distribution, etc.);
- Documentation of severance pay, if received.

☐ **Loss of Taxed/Untaxed Income:** **Effective Date:** _____

- Letter of reduction or termination indicating date of loss or reduction;
- Documentation of expected 2025 and/or 2026 benefits;
- Documentation of loss of Social Security benefits due to child turning 18;
- For **one-time income (capital gain from property sale, withdrawal of IRA or retirement benefits, etc.)** from 2024, letter explaining the type and amount of one-time income that was received in 2024 and will not be received in 2025 or 2026;
- Proof of one-time payment such as a copy of check or bank statements.
- Document how funds were spent or invested.

☐ **Loss of Parent/Spouse:** **Effective Date:** _____

- Copy of the death certificate;
- Documentation of life insurance proceeds/social security benefits, if received;
- Copy of surviving parent's last paystub showing year-to-date earnings, 2024 and/or 2025 Income Tax Transcript/1040 and W2s.

☐ **Disability – Temporary/Permanent:** **Effective Date:** _____

- Disability income determination notification or letter;
- Copy of the last paystub showing year-to-date earnings.

☐ **Retirement:** **Effective Date:** _____

- Proof and amount of pension, Social Security benefits, and severance pay, if received;
- Copy of the last paystub showing year-to-date earnings.

☐ **High Medical or Dental Expenses *not* covered by Insurance** (Expenses must be at least 7.5% of Adjusted Gross Income (AGI) to meet the minimum threshold for consideration. Eligible expenses also include non-reimbursed dental and health care premiums).

- Copy of Income Tax Return – 1040 - Schedule A, and 2024 or 2025 federal tax return showing that the taxpayer met the IRS threshold to deduct these expenses.
- If Schedule A was not filed, please submit a listing of paid and non-reimbursed expenses with supporting documentation such as receipts or an itemized statement of expenses ***paid*** out of pocket.

Please answer the following questions:

Name of the person affected by the Special Circumstance: _____

What is the relationship of the person to the student? _____

Please submit the following documents in addition to the documents listed above for the student's specific Special Circumstance.

- A Letter from yourself (student) explaining your special circumstance and current situation;
- 2026-2027 Verification Worksheet;
- 2025 Tax Transcripts;
- 2025 W2s;
- Documentation of any untaxed income for 2025;
- Documentation of any taxed and untaxed income received in 2026;
- Last Pay stub for 2025 or 2026.

I certify that all the information reported on this request and supporting documents for Professional Judgment is complete and accurate to the best of my knowledge. I also give authorization to Middlesex College to make any necessary changes to my FAFSA.

Student Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____

For Office Use Only FAC26IAR
