

Student Name: _____ RCC ID: _____

PLEASE READ before completing this form. The 2020-21 Free Application for Federal Student Aid (FAFSA) collects 2018 income and a current snapshot of assets to calculate your Expected Family Contribution (EFC) and aid eligibility for the 2020-21 academic year. RCC realizes that this is not always the best indicator of your/your family's financial ability to contribute to the cost of your education. Therefore, we offer applicants one opportunity to request we use our **professional judgement (PJ)** to reevaluate qualifying and documented changes. By submitting this PJ form, you are asking for a recalculation of your EFC using a more recent 12-month income period, or a new snapshot of assets/qualified expenses. Conditions must have existed for a **minimum of 60 days** prior to submitting this request form. Only one PJ will be considered for an academic year. Please allow four weeks for a decision. You will be notified by email if additional documents are required to complete our review.

DIRECTIONS: Check one or more categories and submit required documentation.

A. DECREASED INCOME – Indicate who experienced a significant decrease in income since 2018:

Dependent Student: Student _____ Parent 1 _____ Parent 2 _____
Independent Student: Student _____ Spouse _____

SELECT ONE 12-month period that best reflects your/your family's financial situation:

- _____ **Calendar Year 2019** (01/01/19 - 12/31/19) – *Do not submit until on/after 02/01/20.*
- _____ **Fiscal Year 2019-20** (07/01/19 - 06/30/20) – *Do not submit until on/after 06/01/20.*
- _____ **Calendar Year 2020** (01/01/20 - 12/31/20) – *Do not submit until on/after 06/01/20.*
- _____ **Fiscal Year 2020-21** (07/01/20 - 06/30/21) – *Do not submit until on/after 09/01/20.*

- 1) Write a detailed description of the special circumstances that affected (and will continue to affect) your financial situation for the 12-month period selected, including employer name(s), specific employment dates, and income amounts.
- 2) Include documentation of ALL income sources during this period, including wages, child support, alimony, Worker's Compensation, Veteran's Benefits, Disability, etc.
- 3) A loss of work or reduction in earnings must have occurred at least two months prior to submitting this form. Attach a letter from employer, layoff/hire notice, final pay stub and/or last two months pay stubs from current employment, and/or Wage List Summary from local Employment Office.
- 4) A loss of benefits such as child support, alimony, or social security must include official documentation.
- 5) If you are receiving Unemployment benefits in Oregon, submit a Wage List, "Time and Money" left on claim, and "Where's my check?" Printouts from the Employment Department's online Claims System at www.workinginoregon.org. You may later be requested to submit more detailed information such as ECLM Claim Summary or EPAY payment list documents. (If you are receiving unemployment out of state, contact the appropriate department in that state to obtain similar documentation.)

Local Employment Department Offices

Hours: Mon-Fri 8:00 am – 5:00 pm.

Locations: Grants Pass: 1569 NE F Street - Job Council Building
Medford: 119 N Oakdale Ave.

B. CHANGE IN ASSETS - The household assets reported on your FAFSA were a one-time distribution and/or a temporary pass-through/specifically designated.

Write a detailed statement describing the special circumstances regarding your change of reportable assets, including specific asset names, pertinent change dates and impacted amounts. Provide documentation to identify the source of income and an itemized statement of how that income was spent, with supporting documentation. Documentation may include settlement/sale receipt, receipts for expenses paid, current asset value, itemized statements, 1099-R, and additional documentation, as needed.

SELECT ONE or more, as reflected on your 2020-21 FAFSA:

- Proceeds from the sale of my primary residence, invested in another home in which my household resides
- Proceeds from a legal settlement or inheritance, paid toward my primary residence or other need-based expenses
- Expenses associated with a legal settlement
- IRA or pension distribution/rollover

[] **C. PAID QUALIFIED EXPENSES** – You/your household **paid** significant, out-of-pocket expenses for a dependent family member’s private, K-12 tuition expenses, for dependent care, for elder care, and/or for medical needs during the following period:

SELECT ONE (Must match 12-month period selected in “A” section, if used.)

- Calendar Year 2019** (01/01/19 - 12/31/19) – *Do not submit until on/after 02/01/20.*
- Fiscal Year 2019-20** (07/01/19 - 06/30/20) – *Do not submit until on/after 06/01/20.*
- Calendar Year 2020** (01/01/20 - 12/31/20) – *Do not submit until on/after 06/01/20.*
- Fiscal Year 2020-21** (07/01/20 - 06/30/21) – *Do not submit until on/after 09/01/20.*

Provide a signed statement that clearly explains the facts about your household’s significant, out-of-pocket, **paid**, qualified expenses. Submit appropriate documentation of such expenses.

SELECT ONE or more of the applicable expenses:

- K-12 private tuition
- Dependent care
- Elder care
- Qualified medical needs

If you have any questions about this PJ application, you may contact Rogue Central Services for Students:

Grants Pass – 3345 Redwood Hwy – Student Services Building; 541-956-7501
Medford – 117 S Central – G Building, 2nd Floor; 541-245-7501
White City – 7800 Pacific Avenue – West Entrance, Room 187; 541-245-7501
RCS@Roguecc.edu

All Professional Judgement reviews and adjustments are at the discretion of RCC’s Financial Aid Department.

CERTIFICATION(s):

The information provided is true and complete to the best of my knowledge and reflects the most accurate report of my/my household’s current ability to contribute to my 2020-21 college expenses. I also understand that if I purposely give false or misleading information, I may be fined or face federal penalties.

X _____	_____	X _____	_____
Student Signature	Date	Parent Signature	Date
		(Dependent Student Only)	