



AN HONORS UNIVERSITY IN MARYLAND

2016-2017 Professional Judgment Appeal Request

Student Information

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

Sometimes families experience special circumstances which merit recalculating their financial aid eligibility based on their projected annual 2016 income rather than the federally required 2015 income. Professional judgment appeal requests are reviewed only after the student has submitted all necessary primary information. The appeal committee may request additional documentation after initial review. Requested documentation must be submitted within 90 days after the initial request or the appeal will be denied without the option for reconsideration. All Professional Judgment Appeal requests will be selected for verification of 2015 data before 2016 adjustments can be considered. Please be advised that Professional Judgment Appeal Requests, if approved, are granted on a one-time, case-by-case basis. All appeal decisions are final. Approved appeals may not necessarily qualify the student to receive additional financial aid. The appeal committee reserves the right to request your tax return for 2016 after the appeal has been approved. Review of your 2016 tax information may impact future award offers. Once a decision has been made, the student will be notified via their UMBC e-mail.

INSTRUCTIONS

- Identify the situation(s) for which you are requesting a professional judgment review. (see page 2)
- Attach a **typed**, clear, concise, signed and dated, one page explanation of your circumstances.
- Attached required documentation of your circumstances as listed on the attached form. Upon review of your appeal, the Office of Financial Aid and Scholarships may request additional documentation.
- Complete the [2016-2017 Verification Form—Dependent](#) or the [2016-2017 Verification Form—Independent](#)
- Attach 2015 Tax Return Transcripts, which can be obtained by calling the IRS at 1-800-908-9946 or by visiting the website, www.irs.gov, for student and spouse (if independent) and parent(s) if dependent.
- Attach 2015 W-2's for student and spouse (if independent) and parent(s) if dependent.
- Complete the attached asset form for student and spouse (if independent) and parent(s) if dependent.
- Schedule an appointment with your [Financial Aid Counselor](#) to submit your appeal.
- Initial appeals must be submitted by April 1, 2017.

APPEALS SUBMITTED WITHOUT THE ABOVE REQUIRED DOCUMENTATION WILL NOT BE PROCESSED

I understand that intentionally providing false statements or misrepresentations will result in cancellation of my request. I understand that if my appeal is approved, the recalculation of my eligibility does not guarantee receipt of additional aid.

Student's Signature

Date

Mother's Signature

Date

Spouse's Signature

Date

Father's Signature

Date

UMBC Office of Financial Aid and Scholarships · 1000 Hilltop Circle · Baltimore, MD 21250
Phone: 410-455-2387 · Fax: 410-455-3322 · Contact Us at financialaid.umbc.edu/contact



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Student Name: _____ Campus ID: _____

1. _____ **Minimum 20% Reduction of 2015 Income**

2016 income changes cannot be accepted until after July 1st, 2016. If you are self-employed, earn bonuses, earn commission, or overtime pay, the committee may not be able to accurately evaluate your appeal without a copy of your 2016 tax transcripts

Reasons for consideration include: Terminations/Layoff from job, significant reduction of work hours, retirement or return to school full time.

Documentation to include: Signed and dated letter from employer on company letterhead listing the last date of employment, total earnings from January 1st 2016 through date of unemployment, documentation of severance/benefits/unemployment compensation, copy of most recent paystub from all employers, documentation of retirement income, and documentation of unemployment from 2016.

2. _____ **Unique medical expenses totaling more than 20% of income**

Reasons for consideration include: Medical expenses paid, not just incurred, in 2015 and were not covered by health/dental insurance.

Documentation to include: Proof of payment (receipts/cancelled checks) made by student, spouse (if married), parents (if dependent). Invoices are not sufficient documentation. You must submit proof that the medical expenses were paid in 2015.

3. _____ **Loss of Untaxed income of at least 20%**

Reasons for consideration include: Loss of child support, disability benefits, or other untaxed income.

Documentation to include: Documentation of termination of benefits from benefit provider. Examples include a divorce decree, court order, etc.

4. _____ **Separation or Divorce of: _____ Parent or _____ Spouse after filing 2016-2017 FAFSA**

Reasons for consideration include: Parent (if dependent) or spouse (if independent) no longer residing in the household due to separations or divorce.

Documentation to include: All W-2's must be submitted to verify separation of income. Separation agreement, divorce decree, substantial evidence (copy of mortgage/lease, utility bills, etc.) proving parent (if dependent) or spouse (if independent) is residing in separate residence. Parties in question living in the same dwelling WILL NOT be considered.

5. _____ **Student Marriage after filing 2016-2017 FAFSA (Marriage must be before 7/1/2016)**

Reasons for consideration include: Student was single at the time they files the FAFSA but is now married.

Documentation to include: Copy of marriage certificate, copy of spouse's 2015 tax transcript, copy of spouse's 2015 W-2's, and Untaxed Income Form for the Student and Spouse.

6. _____ **Death of: _____ Parent or _____ Spouse after filing 2016-2017 FAFSA**

Reasons for consideration include: Parent (if dependent) or spouse (if independent) deceased after student filed 2016-2017 FAFSA.

Documentation to include: Copy of death certificate and documentation of death benefits.

7. _____ **Parent of Dependent Student also attending College**

Reasons for consideration include: Parent of UMBC student is degree seeking at a post-secondary institution. Parent must be enrolled at least ½ time (usually 6 credits) in a degree seeking program and have been counted I the 2016-2017 FAFSA household size.

Documentation to include: Official class schedule (copy) from parent's educational institution.



AN HONORS UNIVERSITY IN MARYLAND

2016/2017 Professional Judgment Appeal Request

Asset Information--Independent

Student Information

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Student Name: _____ Campus ID: _____

Asset	Current Net Worth
<i>Please report the requested information as of the date the student filed the 2016/2017 FAFSA.</i>	<i>Net worth means the current value minus debt. If the net worth is negative, enter \$0. Enter \$0 for assets listed that you do not own. If the statement does not apply, enter \$0.</i>
Current Savings Account Balance	\$
Current Checking Account Balance	\$
Real Estate Investment (not including the home you live in)	\$
Trust Funds	\$
Money Market Finds	\$
Mutual Funds	\$
Certificates of Deposits	\$
Stocks	\$
Stock Options	\$
Bonds	\$
Education IRAs	\$
College Savings Plans	\$
Business Value*	\$
Investment Farm Value	\$

**Only include the value of a small business that your parent(s) and/or your step-parent own and control AND that has more than 100 full-time employees or full-time equivalent employees. Family owned- and controlled means that more than 50% of the business is owned by person who are directly related or were related by marriage (family members do not have to be counted in the household size for the questions. Otherwise enter \$0.*

I certify that all of the information provided is true and accurately represents my net worth as of the day I filed the FAFSA. I understand that I may be required to provide additional documentation to verify our asset information.

Student Signature: _____ Date: _____



AN HONORS UNIVERSITY IN MARYLAND

2016/2017 Professional Judgment Appeal Request

Asset Information--Dependent

Student Information

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

Asset	Current Net Worth	
<i>Please report the requested information as of the date the student filed the 2016/2017 FAFSA.</i>	<i>Net worth means the current value minus debt. If the net worth is negative, enter \$0. Enter \$0 for assets listed that you do not own. If the statement does not apply, enter \$0.</i>	
Current Cash Balance	Student Information	Parent Information
Current Savings Account Balance	\$ _____	\$ _____
Current Checking Account Balance	\$ _____	\$ _____
Real Estate Investment (not including the home you live in)	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____
Money Market Finds	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Certificates of Deposits	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Stock Options	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Education IRAs	\$ _____	\$ _____
College Savings Plans	\$ _____	\$ _____
Business Value*	\$ _____	\$ _____
Investment Farm Value	\$ _____	\$ _____

**Only include the value of a small business that your parent(s) and/or your step-parent own and control AND that has more than 100 full-time employees or full-time equivalent employees. Family owned- and controlled means that more than 50% of the business is owned by person who are directly related or were related by marriage (family members do not have to be counted in the household size for the questions. Otherwise enter \$0.*

We certify that all of the information provided is true and accurately represents our net worth as of the day the student filed the FAFSA. We understand that we may be required to provide additional documentation to verify our asset information.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____