



SOUTHERN UNIVERSITY AT NEW ORLEANS

Office of Student Financial Aid

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Webpage: <http://www.suno.edu/page/financial-aid-20202021-forms>

2020-2021 FINANCIAL AID PROFESSIONAL JUDGEMENT (PJ) FORM

Student Name _____ **SUNO ID** _____

The purpose of this form is to allow the student and parent(s) to submit additional information resulting from one or more of the following scenarios. All valid requests for reconsideration **must** have this completed and signed **Professional Judgement (PJ) Form** attached to the required documents. Include the student's social security number on ALL correspondence. If the student is dependent, both the student and at least one parent must sign the form. Please check all categories shown below that are applicable.

****INCOMPLETE PROFESSIONAL JUDGEMENT REQUESTS WILL NOT BE CONSIDERED****

SITUATION:	DOCUMENTATION REQUIRED:
<input type="checkbox"/> Child Care	<ul style="list-style-type: none"> • Copy of invoice and/or letter from the provider, stating amount paid per child per week/month.
<input type="checkbox"/> Decrease in Income/Loss of Income -- injury, full time to part time employment, left job to return to school, loss of benefits, layoff, termination, quit job <p style="text-align: center;">FILE PJ REQUESTS AFTER JUNE 15.</p> <p>If your PJ Request is because your 2019 income will be less than 2018, fill in the reverse side of this form. Income loss must be greater than \$5000 to be considered. Moreover, please submit the following documents:</p> <p>-Complete a Verification Worksheet -Submit copy(s) of both 2019 Federal Income Tax Return and w-2 (s)</p>	<ul style="list-style-type: none"> • Letter from employer citing change in work status or permanent separation date. Submit eight weeks after last date of employment or separation notice. • Copy of Last Pay Stub • Statement of benefits (ie. social security has terminated for student reaching age 18). List benefits for all other members of the household. • Copy of unemployment benefits stating amount and number of weeks or statement of ineligibility for such benefits. • Letter from parent listing child support termination date, and copy of supporting document(s). Include amounts if there are other children still receiving support payments • If student is dependent, filing for aid with both parents, we need income information for both, even if income for one parent has not changed.
<input type="checkbox"/> Elementary/Secondary Tuition	<ul style="list-style-type: none"> • Copy of paid invoice from school. List only amounts paid in 2019, not including the entering SUNO student, if applicable.
<input type="checkbox"/> Medical Expenses Submit ONLY medical expenses not covered by insurance for which payments were already paid out-of-pocket for 2019. We will not consider any medical expenses, which have not yet been paid. Expenses incurred and paid in a previous calendar year are not eligible for PJ consideration. If you are filing <u>both</u> a loss/decrease of income AND a medical PJ Request, the medical expense documentation must be for the 2020-projected year, not for 2019 expenses-- FILE PJ Request AFTER JUNE 15. For projected 2018 year medical expenses, submit documents for all PAID bills. We will use only those amounts above 7.5%, since you may be able to claim up to that amount on your taxes.	<ul style="list-style-type: none"> • Copy of your 1040 Tax Return (including all schedules) for 2019 <p>Include the following if medical expenses were NOT claimed on Form 1040, Schedule A</p> <ul style="list-style-type: none"> • <i>Copies</i> of bills, AND cancelled checks or credit card statement reflecting these payments. • <i>Copies</i> of explanation of benefits from the insurance company, showing payments made toward the amount due. • Itemized list of monthly payments, AND <i>copies</i> of cancelled checks or credit card statements reflecting the payments.
<input type="checkbox"/> Parent(s) attending college. (Parent(s) must be enrolled at-least half-time during the 2020-2021 academic year and working toward a degree.	<ul style="list-style-type: none"> • Verification of enrollment from the Registrar's Office of the University or College that your parent(s) attends.
<input type="checkbox"/> Retirement	<ul style="list-style-type: none"> • Letter of separation from employer and copy of retirement benefits statement • Copy of last pay stub showing earnings prior to retirement <ul style="list-style-type: none"> • If student is dependent, filing for aid with both parents, we need income information for both, even if income for one parent has not changed

****The Counseling staff reserves the right to request additional documentation.****

(Over)

The following items must be completed and submitted with your PJ Request:

- Explain in a detailed letter how your family situation or expenses have changed, that meets one of the specified criteria from the chart on the front of this form.
- A Completed Verification Worksheet
- A copy of your Federal Tax Return
- Please give specific dollar amounts of reduced income which match the documentation you provide--\$X in childcare expenses, \$X in medical expenses, etc.
- Provide proper documentation of your PJ Request. See the chart on the front of this form for specifics.

The requested information will be used to evaluate changes in your family situation and determine if allowable adjustments can be made in order to present a more realistic picture of the family's ability to contribute to the cost of education. Adjustments of financial aid awards are subject to the availability of funds.

TO BE COMPLETED ONLY FOR PROJECTED YEAR LOSS / DECREASE OF INCOME. DOLLAR AMOUNTS MUST MATCH SUPPORTING DOCUMENTATION.

Projected Year Income and Asset Information (Estimated 2020 amounts for January-December, 2020 calendar year)

<u>I. Taxable Income</u>	Student		Parent	
2020 Salary, Wages and Tips	Student	_____	Father	_____
	Spouse	_____	Mother	_____
2020 Interest and/or dividend income	Student	_____	Father	_____
	Spouse	_____	Mother	_____
Net income (or loss) from business, farm, rents, royalties, partnerships, estates, trusts, etc.		_____		_____
Other taxable income such as alimony received, capital gains (or losses), pensions, annuities, unemployment benefits, etc.		_____		_____
<u>II. Estimated Deductions</u>				
2020 U. S. Income Tax Paid (estimated)		_____		_____
2020 Child Support PAID OUT		_____		_____
**Medical Expenses not covered by insurance		_____		_____
<u>III. Non-Taxable Income and Benefits</u>				
**Social Security Benefits		_____		_____
** Aid to Families with dependent children		_____		_____
**Child Support Received		_____		_____
**Other non-taxable income (such as housing, food, living allowances paid to military or clergy; Worker's Compensation, etc.)		_____		_____
<u>IV. Other</u>				
Household Size		_____		_____
Number in College		_____		_____

We (I) affirm that the information on both sides of this form is correct and complete to the best of our (my) knowledge. We (I) certify that the Office of Scholarships and Financial Aid will be notified if circumstances change.

Student's Signature	Date	Father's Signature	Date
Spouse's Signature	Date	Mother's Signature	Date

**** Documentation Required**