



Please complete this form by either typing the responses or printing them in blue or black ink.

Student Name: _____ Date: _____

The financial aid office of Platt College has established a process to allow for adjustments to an individual's federal aid application based on special circumstances within the household. When considering the application, the financial aid office takes into account the availability of funds, the timeliness of the original application for financial aid, the timeliness of the application and the nature of the change in circumstances. It is important to know that not all changes in circumstances will result in an adjustment to the student's eligibility. Applications reviewed after all supporting documents received. Please allow 6 weeks to complete. A professional judgment will be determined, and the student notified via email. A review does not guarantee an adjustment to your aid and may, in fact result in a decrease in eligibility.

BEFORE AN APPEAL IS CONSIDERED, THE 2019-2020 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MUST BE FILED.

REQUIRED DOCUMENTATION FOR ALL PROFESSIONAL JUDGMENT REQUESTS

In order to adjust a student's financial aid information, submit the additional documentation with this form. Please include student's name and student ID number on the top of each page submitted. **Failure to support the circumstances with evidence will result in the application denied for lack of documentation.**

- Letter of Explanation—Write a detailed description of the special circumstances that affect your financial situation.
- Complete the 2019-2020 verification worksheet
- Please submit all documentation through secure email at Michael.Vigil@PlattColorado.edu

CHECK EACH CIRCUMSTANCE AFFECTING YOUR FINANCIAL SITUATION.

Additional documentation may be required upon request.

1. Divorce/separation: Submit divorce decree/separation agreement if legally separated.
Date of separation: _____
2. Death of student's parent or spouse: Submit documentation such as death certificate.
3. Loss of benefits (e.g., social security, Veterans' benefits, retirement income, unemployment or child-support received because the child turned 18): Provide state agency documentation showing reduction and effective date.
4. Excessive medical expenses **not covered** by insurance: Include a statement of account to confirm amounts PAID by you in 2017. This does not include what you owe. Include Schedule A of your 2017 federal tax return.

- 5. Tuition for a private elementary or secondary school (K-12): Include the actual billing statements for 2017 Fall and 2018 Spring semester showing how much tuition was charged and paid during the academic year. A letter from an administrator explaining cost, discount tuition, scholarship and total amount for academic year would be sufficient.
- 6. IRA or Pension Rollover: Submit copy of your 2017 1099-R from original financial institution.
- 7. Decrease in student/spouse income or parent income in 2019 with comparison to 2017: If loss of job, submit letter of termination from the human resource department or supervisor showing the last day worked. Documentation of severance pay, vacation pay, retirement benefits, unemployment and/or disability benefits. Submit a copy of your final paycheck stub(s) showing amount earned in the year you lost your job. Loss of job must have occurred at **least 60 days** prior to submitting this form. If there is a reduction of income, provide a copy of the latest paycheck stub(s) for both parents, or student (and spouse, if applicable). If submitting documents after December 31, 2019 you must submit a signed 2019 Federal Tax Return.

Must include estimated gross income for 2019 of person experiencing loss/reduction of income.

<p>Dependent students complete: (Students who included parent's financial information on the FAFSA)</p> <p>Estimated father income: _____</p> <p>Estimated mother income: _____</p> <p>Estimated student income: _____</p>	<p>Independent students complete: (Students who did NOT include parent's financial information on the FAFSA)</p> <p>Estimated student income: _____</p> <p>Estimated spouse income (if applicable): _____</p>
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All professional judgment reviews and adjustments are at the discretion of the Financial Aid Office of Platt College

The financial aid office can only consider special circumstances when documentation provided will satisfy a review of your file by federal auditors. Certification of Understanding: The information I submit in support of this application is true and complete to the best of my knowledge. I agree to provide proof of all information as indicated above. I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered limited by the availability of funds in any given year. I understand that the information provided in past information may be reviewed for accuracy and this can impact the outcome. Further, the accuracy of the information I submit in this application can affect the outcome of any future appeals I may submit. I also understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

Signature of Student _____ Date: _____

Signature of Parent _____ Date: _____

Cell Phone Number: _____ Parent's E-mail (Optional) _____
 (Used for authenticating if uploading documents)