

PROFESSIONAL JUDGMENT INCOME REDUCTION REQUEST

2018—2019

Student ID: _____ Student's Name: _____
Last First MI
Date of Birth: ____/____/____ Phone: _____ LSC E-mail: _____
Month Day Year

Must submit AFTER the 2018-2019 FAFSA has been completed and evaluated.

The Free Application for Federal Student Aid (FAFSA) does not provide a place for students and/or their families to explain special circumstances. A Professional Judgment defers to the school's authority to administer and adjust the data elements on the FAFSA and override a student's status in some circumstances. The decision of the financial aid administrator is final. There is no appeal.

If your income has recently decreased because of an extenuating circumstance, the Financial Aid Department may be able to reevaluate your financial need based on your projected gross income for the 2017 and/or 2018 tax year (January 1, 2017 to December 31, 2017 and/or January 1, 2018 to December 31, 2018). Allow 3-6 weeks to review your request.

Note: During peak times it may be longer.

If you have a zero Expected Family Contribution (EFC) do not submit this form.

If additional financial aid can be awarded, the funds will be applied after the correction has been processed by the Department of Education.

Required Documents:

- Attach a typed letter explaining your specific circumstances and include all supporting documentation. Your letter should be detailed and include dates.
- Signed copies of 2016 and/or 2017 Tax Transcript for the student, parent(s) (if dependent), and spouse (if married who are not separated or divorced).
- 2016 and/or 2017 W-2 and 1099 statements from all employers for the student, parent(s) (if dependent), and spouse (if married who are not separated or divorced).
- Final income statements from all previous 2016, 2017, 2018, and 2019 employers.
- Current pay stubs or earning statement from all current employers for 2016 and/or 2017 and/or 2018.

Loss of Income

Indicate the reasons for the loss of income. You must attach supporting documentation. **Check all that apply.**

REASONS	SUPPORTING DOCUMENTS
<input type="checkbox"/> Unemployment, reduced employment, or job loss	Unemployment benefits statements, retirement or termination notice, Texas Workforce Commission Award notification.
<input type="checkbox"/> Disability (date of disability: _____)	Memo/letter from employer regarding change or reduction in employment/physician's disability statement indicating inability to work.
<input type="checkbox"/> Retirement	Retirement or termination notice.
<input type="checkbox"/> Separation or Divorce (date of: _____)	Court documents regarding divorce or termination of child support. Lawyer's statement regarding separation.
<input type="checkbox"/> Death of spouse	Death certificate, or obituary notice.
<input type="checkbox"/> Death of a parent	Death certificate, or obituary notice.
<input type="checkbox"/> Reduced or terminated untaxed income (Social Security benefits, child support, alimony, disability, etc.)	Social security benefits, termination notice, death certificate, or obituary notice.
<input type="checkbox"/> Received non-recurring income last year (IRA or pension withdrawals, inheritance, moving allowances, etc.)	Bank statements
<input type="checkbox"/> Other: _____	

Student ID: _____

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First

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CHANGES IN INCOME SELECTION COMPLETION IS REQUIRED.

Please carefully estimate your gross* income and benefit for all of 2017, 2018, and/or 2019.

If you or your parent(s) are recently separated or divorced, do not include the former spouse's income or benefits.

*Gross means before deductions.

2018 Estimated Income	Year	Student	Spouse, if married	Parent(s), if dependent
Gross wages, Salaries, Tips, & Severance pay:		\$	\$	\$
Unemployment benefits:		\$	\$	\$
Alimony/support (mandated or voluntary)		\$	\$	\$
Social Security Benefits:		\$	\$	\$
AFDC/TANF:		\$	\$	\$
Child support received:		\$	\$	\$
Total:		\$	\$	\$

Any other taxed income or benefits such as worker's compensation, disability, veteran's, non-education benefits, or housing, food, and other living allowances provided to members of the military, clergy, & others:

Description of additional benefits:	Year	Student	Spouse, if married	Parent(s), if dependent
Benefit:		\$	\$	\$
Benefit:		\$	\$	\$
Total:		\$	\$	\$

Verification**HOUSEHOLD SIZE**

Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time
Missy Jones (Example)	18	Self	Lone Star College	Half-time

FAMILY INFORMATION TO BE VERIFIED**Untaxed Income**

Did student, spouse, or parent(s) (if dependent) receive untaxed income in 2016, 2017, 2018, and/or 2019. (Sources may include Social Security benefits, TANF, unemployment benefits, child support received, state disability, workers compensation, military housing allowance, VA Non-Educational benefits, general relief, alimony, or any other untaxed income received in 2016).

Indicate the source and the amount below. If more space is needed, attach a separate page with your name and student ID at the top of the page.

Sources of Untaxed Income	2016 Amount

Student ID: _____

Student's Name: _____

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☒ Filed a tax return

☐ Student, spouse, or parent(s) (if dependent). **Must submit a 2016 IRS tax return transcript**

☒ Did not file a tax return

Who in the family did not file a tax return ☐ Student ☐ Spouse ☐ Parent(s)

☐ Was not employed and had no income earned from work in 2016. Submit a letter of non-filing.

☐ Was employed in 2016, but will not file and is not required to file a 2016 income tax return with the IRS. Listed below are the names of the employer and the amount earned. **Copies of W-2's must be attached.**

Employer's Name	2016 Amount Earned
Suzy's Auto Body Shop (example)	\$2,000.00 (example)

SNAP Information to Be Verified

☒ Check the box below and complete section if you, spouse, or parent(s) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016, 2017, 2018 or 2019 calendar years.

☐ One of the persons listed as living in the household on this worksheet received SNAP benefits in 2016, 2017, 2018, and/or 2019.

Statement of Educational Purpose/Certification

☒ Check the box and complete section below.

☐ I certify that all of the information reported on this verification worksheet is complete and correct and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Lone Star College for the 2018-2019 Award Year.

CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Student Signature: _____

Date: _____

Student ID: _____

Student's Name: _____

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FOR OFFICE USE ONLY

Income Reduction	Amount on FAFSA	New Amount (based on income reduction)
Total Adjusted Gross Income		
Total Income Tax Paid		
Total Untaxable Income		
Total Taxable Income		
Other:		
EFC:		
Comments:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Financial Aid Designee Signature:		Date:

Please return this completed form to your nearest campus:

LSC-CyFair
 Financial Aid Office/CASA 105
 9191 Barker Cypress Road
 Cypress, TX 77433-1383

LSC-North Harris
 Financial Aid Office/SSB 102
 2700 W.W. Thorne Drive
 Houston, TX 77073-3499

LSC-Kingwood
 Financial Aid Office/SCC 150
 20000 Kingwood Drive
 Kingwood, TX 77339-3801

LSC-Tomball
 Financial Aid Office/S 114
 30555 Tomball Parkway
 Tomball, TX 77375-4036

LSC-Montgomery
 Financial Aid Office/Building C
 3200 College Park Drive
 Conroe, TX 77384-4500

LSC-University Park
 Financial Aid Office/Building 12 Suite 233
 20515 SH 249
 Houston, TX 77070