

University of La Verne

2026-2027 Professional Judgment Request

The University of La Verne's Office of Financial Aid recognizes the formula used to calculate your Student Aid Index (SAI) may not accurately reflect special circumstances for individual and/or families. Financial Aid Advisors have the authority to consider unique circumstances not reflected on the Free Application for Federal Student Aid (FAFSA). If you have extenuating circumstances (see list under Step 2) that affect the information reported on your FAFSA, please submit this form along with supporting documentation.

Changes resulting from this review do not guarantee an increase in your financial aid eligibility. Failure to submit requested documents in a timely manner will delay processing. Please check your student email for updates on your professional judgement request.

Submit this form and all supporting documents by uploading it via the Portal: <https://myportal.laverne.edu/>

Please contact the office of financial aid at 800-649-0160 if you experience technical difficulties.

Student ID: _____ **First Name:** _____ **Last Name:** _____

Phone: _____ **Email:** _____

Step 1: Provide a thorough written statement explaining the nature of the request.

- **Dates:** Provide dates of events leading to the circumstance and whether it is ongoing
- **Amounts:** Report amounts for income or benefit received or lost, and amounts for expenses paid
- **Names/Relationships:** Names of the person(s) impacted by the circumstance and their relationship to one another/the student

Step 2: Please review the applicable expenses for the special circumstances(s) you wish to be considered and submit the required documents.

| Expense | Explanation | Person(s) Affected | Required Documents <i>Include your Student ID on all documents</i> |
|---------------------|---|-----------------------------|--|
| Income/Benefit Loss | <p>Student/spouse and/or your parent(s) had a significant loss of income in 2024, 2025 and/or 2026 due to a period of unemployment, a change of job or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work must have lasted at least 6 weeks.</p> <p>If benefit loss, the untaxed income or benefit must be from a public/private agency, company or an authorized individual due to a court order.</p> | Student Spouse Parent | <input type="checkbox"/> 2024 and 2025 IRS Tax Return Transcripts <input type="checkbox"/> W-2s and/or 1099 statements <input type="checkbox"/> Letter from employer(s) on company letterhead certifying the last date of employment or reduction of work hours/pay rate <input type="checkbox"/> Most recent paystub(s) <input type="checkbox"/> Statement from agency with effective dates of benefits |

| | | | |
|-------------------------------------|---|-----------------------------|--|
| Divorce/Separation | Student or parent separated or divorced after filing a FAFSA | Student Spouse Parent | <input type="checkbox"/> 2024 and 2025 IRS Tax Return Transcripts <input type="checkbox"/> W-2s and/or 1099 <input type="checkbox"/> Copy of divorce decree <input type="checkbox"/> If not legally separated, proof of different addresses (utility bill, lease indicating period of separation) |
| Death | Death of spouse or parent after filing a FAFSA | Student Spouse Parent | <input type="checkbox"/> Copy of death certificate <input type="checkbox"/> Social security benefits (if applicable) <input type="checkbox"/> Most recent paystubs <input type="checkbox"/> Most recently filed tax returns |
| Exceptional Medical/Dental Expenses | An unusually high amount of medical/dental expenses paid out of pocket during 2024 (does not include premium payments) | Student Spouse Parent | <input type="checkbox"/> 2024 and 2025 IRS tax return transcripts <input type="checkbox"/> W-2s and/or 1099 statements <input type="checkbox"/> Medical/dental expense receipts |
| K-12 or College Tuition | For independent FAFSA filers, spouse or dependent tuition can be considered an expense. For dependent FAFSA filers, only other dependents supported by the same parent can be considered. | Student Spouse Parent | <input type="checkbox"/> School billing statement(s) <input type="checkbox"/> Financial aid letter with scholarship funding (if applicable) |
| Other | Other substantial factors impacting household or income not listed above (thorough explanation required) | Student Spouse Parent | <input type="checkbox"/> Documentation verifying the circumstances described, including but not limited to copies of checks, invoices, billing statements, etc. (may be subject to further required documentation) |

Step 3: Certification

I declare with my signature below, that the information I am providing is true and correct. At the end of the calendar year, I authorize the Office of Financial Aid at the University of La Verne to verify my income with the appropriate agencies. I understand that if the University of La Verne determines that the information was not accurate, I may be required to REPAY any additional financial aid I have received as a result of this request. I understand that the Professional Judgment form submitted without required supporting documentation and letter of explanation will not be reviewed. I also understand that submission of a Professional Judgment form does not guarantee that my financial aid will be adjusted and that I am responsible for any outstanding balance owed to the university.

Student Signature: _____

Date: _____

Parent Signature (if applicable): _____

Date: _____