

Reinhardt University

Dislocated Worker Professional Judgment Request Form 2020-2021

Student Name _____

Student Social Security Number _____

Student ID Number _____

Student Address _____

Student Phone Number _____

This worksheet is to be used to demonstrate a change in total income from 2018 to 2020. To be considered for a Professional Judgment, the loss of income must have been experienced for at least 8 weeks. **You will need to provide the following documentation that must accompany this form to be considered:**

- Letter explaining loss of income
- Signed copy of 2018 federal taxes and W2 forms
- Copy of notice of change in employment status such as termination notice, or hour reduction notice and pay stub reflecting year to date earnings
- Estimated income for 2020

Loss of Income for Student Student's spouse Student's father Student's mother
 Date of employment change: _____

Please estimate your total income for 2020:

	Actual amounts from 1/1/20 to date of employment change	Estimated amounts from date of employment change to 12/31/20	TOTAL (Actual + Estimated Income)
Student's Income from work			
Spouse's income from work (Independent students only)			
Father's income from work (Dependent students only)			
Mother's income from work (Dependent students only)			
Unemployment compensation received by anyone			
Taxable Social Security benefits received			
Untaxed Social Security benefits received			
Child support received			
Child support paid			

Student and Parent/Spousal Certification: To the best of our knowledge, the information in this appeal is true. We agree to provide all requested information to support the facts of this appeal. We understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause for cancellation and repayment of financial aid and may affect future reviews or appeals in this and/or future years. We understand that the decision of the Director of Financial Aid is final.

Student signature _____ Date _____

Parent/Spouse Signature _____ Date _____

Financial Aid Office Use Only: Approved Denied _____	Director Signature _____ Date _____
Comments: _____	