**PJIRFY** 



## 2021-2022 Income Reduction Request - Fiscal Year Deadline: April 15, 2022

Student First Name:		me:	Student Last Name:		e:	ID:	
OB: _	/	/	Primary Phone #: (		Secondary Phone #: (		
	By submitting this form, I am requesting that a Professional Judgment Case be reviewed for my 2021-2022 FAFSA because the FAFSA used the 2019 income. I would like the projected earnings to be used due to changes in our household situation. I am aware that I must include copies of both 2019 and 2020 signed tax returns and W2 forms as well as the last two paystubs for members of my household who were impacted by the changes. I am also aware that if my household attains new earnings/income, it will be reported to the financial aid office to see if aid eligibility is affected.						
	<u>Please cl</u>	_	otion that pertains to you		_		
Use actual/projected income January 1, 2021 to December 31, 2021 or							
		u	se actual/projected incor	ne July 1, 2021 to Ju	ne 30, 2022		
Step	<b>1</b> : Check	the option(s	) that pertain to your circum	stance and submit requ	aired documentation.		
1	L. Terminat	tion of Empl	oyment/Resigned/Retired.	Requires documents lis	sted below:		
	b. c. No <b>_2. Reducti</b>	Proof of Te Proof of ur ote: If pensi	ons or lump sum amounts we by at least 20% (i.e.: Prior	etirement of Employm ment payouts, 401k pe ere received, check off job versus New Job/L		cuments.	
		ed 2021 ear		-	Adjusted Gross Income. Compare this number resulting from the calculation.		
	b.	Proof of Te	age Letter of Explanation of vermination that caused your or you new job(s) showing new pu	change of income	red plicable, use the attached Employment	:/Separation Verification.	
	_3. One-tin	ne reduction	of income (Retirement pen	sions, Severance, Lum	p sums). Requires documents listed be	elow:	
		Proof of pa	id receipts of monies spent f imples of non-discretionary of	or *non-discretionary expenditures are: cred	al amount received and expenditures expenditures.  It card payment closures, buying a vehicage amounts of medical-related paym		
	4. Divorce/	Separation:	If Divorce/Separation happ	oened after FAFSA was	filed. Requires documents listed belo	w:	
	b.	Proof of div	ge Letter of Explanation of w rorce or separation such as d ild support received, alimon	ivorce decree	red		
5	5. Disability	/ - Student/	Spouse/Parent Requires do	ocuments listed below:			
			ge Letter of Explanation as to come plus any backpay disab		urred sability benefits, social security benefit	:s	
	6. Death	of spouse or	parent (If occurred after FA	FSA was filed). Require	es documents listed below:		
		Tuned 1/ no	as Latter of Evalenation as t	a what and whon it ass	urrad		

- a. Typed ½ page Letter of Explanation as to what and when it occurred
- b. Death certificate or letter from funeral home confirming date of loss. If the loss of income was due to the death of your parent, then give only your income information plus tax records and W-2 forms and/or that of your surviving parent. If the loss of income was due to the death of your spouse, then provide only your income with tax records and W-2 forms.

## **Step 2:** Complete the following table:

Income Projected	1/1/2021- 12/31/2021 OR 7/1/2021- 6/30/2022	Parent/Spouse 2021 Projected income	Student 2021 Projected income
Wages, Salary, and	l tips		
Other Taxable inco	nme.		
	efits, Interests, Dividends, Business or Rental		
	e, Worker's Compensation, Retirement and		
	s, Insurance Settlements, etc.		
	ce to Needy Families (TANF)		
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Child Support or Alin	nony Received		
Any Untaxed Incor	me:		
-	eterans Benefits Disability, Untaxed portion of		
	n distributions, etc., cash support not reported		
elsewhere on this for			
	Total Projected Income:		
<ul> <li>Submitting docume</li> <li>Email to: finaida</li> <li>By mail to: UTR</li> </ul>	uest additional information if deemed necessary. You are accome after this file is reviewed. Failure to do so may imported by the series of th	pair your future financial aid.  Tal ways:	
Browi	nsville U Central Location:	Edinburg U Centi	ral Location:
TI	he Tower, Main 1.100	Student Services Bl	dg., First Floor
One	e West University Blvd.	1201 West Univ	
Bro	ownsville, Texas 78520	Edinburg, Tex	as 78539
	Ph: (888) 882-4026	Ph: (888) 88	2-4026
	ormation is true and correct according to the income information or situation changes, I (we) will notify the Financial Aiid.	d Office and provide the informat	
Parent (If Depender	_	Date:	



Former Employee:							
LAST NAME  Terminated/Separated Employment and Date:  COMPANY NAME	FIRST NAME  MM/DD/YYYY						
	(January 1, December 31,)						
Please report any severance packages, bonuses, 401K distribu	ution(s), retirement distributions or other income this former						
employee will receive after his last paycheck due to his employment with your company.							
Disbursement date:							
I certify that the above information is true and correct according to the income information reported to the Internal Revenue Service.							
Name and Title:							
Please Print	MM/DD/YYYY						
Signature:	Phone: ( )						
Payroll Manager / Personnel Manager							
Smalayer Varification (To be							
Employer verilleation (10 be t	completed by current employer)						
Employee:							
LAST NAME  Current Employer and Hired Date:	FIRST NAME						
Company Nam	me MM/DD/YYYY						
	Total scheduled workweek hours						
Anticipated total annual earnings for January 1,to Dece	mber 31,: \$						
Complete ONLY if a drastic reduction in the number of hours	s worked for this employee occurred						
Date hour reduction became effective: Cur							
Do you anticipate an increase in hours for this employee?							
If yes, when: and how many more hours per week:							
I certify that the above information is true and correct according to the income information reported to the Internal Revenue Service.							
Name and Title:	Date:						
Please Print	MM/DD/YYYY						
Signature:	Phone: <u>(</u>						
Payroll Manager / Personnel Manager							
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