



2020 Income Projection Worksheet

Student Name _____

Bear# _____

The Department of Education allows Financial Aid Offices to use professional judgment to re-evaluate financial aid eligibility when the family circumstances change. Please note that you must complete a FAFSA for the academic year you are appealing before we can consider making any adjustments. Incomplete petitions will not be processed.

Do not submit worksheet without supporting documentation.

Reason for Change:

Loss of income due to loss of job/forced reduction in work hours ☐
 Loss of one-time income Loss of income due to divorce/separation ☐
 Loss of income due to death of spouse or parent ☐

Loss of income due to separation from military ☐
 Financial loss/hardship due to Natural disaster ☐

2020 Income Projection

In addition to the worksheet and documentation requested, please provide a narrative explaining the situation. Document year to date income from ALL resources and project the balance of 2020 using those same resources and provide explanation for why that resource may not continue.

Complete this section to the best of your ability to predict your 2020 income:	Parent 1	Parent 2	Student	Student's spouse (if married)
Expected 2020 income earned from work ➤ Provide paystubs with year-to-date earnings	\$	\$	\$	\$
Expected 2020 unemployment benefits ➤ Provide copy of Benefit Payment History	\$	\$	\$	\$
Expected 2020 Disability or Social Security Insurance or Benefits ➤ Provide documentation as appropriate	\$	\$	\$	\$
Expected 2020 child support or maintenance ➤ Provide documentation as appropriate	\$	\$	\$	\$
Expected 2020 other income and benefits ➤ List and document type: _____	\$	\$	\$	\$
Expected 2020 other income and benefits ➤ List and document type: _____	\$	\$	\$	\$

Please, do not leave any blank fields above

Failure to provide appropriate supporting documentation will result in delays or denial of your appeal

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We agree that if requested, we will provide additional documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of this application. We understand that this form does not guarantee a change in the amounts or types of financial aid awarded and that professional judgment decision may result in decreased eligibility for certain financial aid programs. The Office of Financial Aid reserves the right to review all requests on a case by case basis and make adjustments if deemed appropriate.

FAFSA Warning: If you purposely give false or misleading information on this form, you are subject by the federal government to a \$10,000 fine, a prison sentence or both.

Student's Signature

Date

Parent's/Student's Spouse Signature

Date

Parent's E-mail address

Please upload completed and signed form, as well as supporting documentation, to your Professional Judgment Appeal Request on your Ursa account. You may upload them under Supporting Documentation (multiple documents can be attached)