Central Maine COMMUNITY COLLEGE

Student ID #_____

CENTRAL MAINE COMMUNITY COLLEGE
1250 Turner Street
Auburn, ME 04210

PROFESSIONAL JUDGEMENT FORM

INDEPENDENT STUDENT 2009-2010

This form is to be used by you and your spouse to report special circumstances that have caused a reduction to your annual income in comparison to the 2008 income that you reported on your Free Application for Federal Student Aid (FAFSA).

INCOMPLETE FORMS WILL BE RETURNED TO YOU UNPROCESSED

STEP 1: STUDENT INFORMATION (please print)

Name_____ Student ID#_____SS#_____

Address_____Phone#_____
Street City/Town Daytime

STEP 2: REASON FOR APPEAL

Category	Details	Documentation and Further Steps Required
○ Loss of Work Income ___ Student ___ Spouse	Reason for loss: ___changed jobs ___became unemployed ___reduction in wages/hours ___reduction in taxable benefits ___other (attach explanation) Date this occurred:_____ MM/DD/YY	• Attach documentation confirming the reason for your loss of work income, letter from employer (for example pay stubs, etc.) • If "other" is checked under details, please attach letter explaining your situation • Complete STEPS 3 and 4 (estimated income and certification)
○ Reduction of Untaxed benefit ___Student ___Spouse	List Type of Benefit reduced or lost: _____ Amount of this benefit you receive in 2008 $_____ Date this occurred:_____ MM/DD/YY	• Attach documentation showing that this benefit has been reduced or eliminated • Complete STEP3 and 4 (certification and estimated income)
○ Change of Marital Status	Reason for Change: ___separation/divorce ___death of spouse Date this occurred:_____ MM/DD/YY	• Attach appropriate documentation: I. Copy of separation/divorce II. Copy of death certificate • Complete STEPS 3 and 4 (Estimated income and certification)
○ Other Special Circumstances	Date this occurred:_____ MM/DD/YY	• Attach a letter explaining your situation AND supporting documentation • Complete STEPS 3 and 4 (Estimated income and certification)

COMPLETE STEPS 3 AND/OR 4 ON THE REVERSE SIDE AS INDICATED BASED ON THE CATEGORY YOU SELECTED ABOVE

STEP 3: ESTIMATED YEAR INCOME

PLEASE NOTE THE FOLLOWING:

- The information you are providing must show actual amounts earned as of today (the date you are signing this form) AND your best estimate of what you will earn from today until December 31, 2009
- If you are filing this form after December 31, 2009 you must attach a signed copy of your 2008 federal tax return
- Do not leave any blanks – if sections are left blank, it will be returned to you unprocessed
    - Enter ZERO -0- if amount is ZERO
    - If you are not married, enter ZERO -0- for Spouse's income from work

	AMOUNT EARNED 1/1/09 to Today	**ESTIMATED EARNINGS Today to 12/31/09**	**TOTAL ESTIMATED YEAR INCOME**
Student's Income from work	$	$	$
Spouse's Income from work	$	$	$
Taxable Interest Income	$	$	$
Taxable Pensions/Annuities	$	$	$
Unemployment Compensation	$	$	$
Taxable Portions of Social Security	$	$	$
Alimony	$	$	$
Other Taxable income (list):	$	$	$
Untaxed Portions of Social Security	$	$	$
Welfare Benefits or AFDC (do not include food stamps	$	$	$
Untaxed Pensions/Annuities	$	$	$
Worker's Compensation	$	$	$
Child Support Received	$	$	$
IRA/KEOGH Contributions	$	$	$
Untaxed Interest Income	$	$	$
Other Untaxable Income (list)	$	$	$

STEP 4: CERTIFICATION STATEMENT- I certify that the information on this form and the attached documents are true and complete to the best of my knowledge. I also understand that verification of my 2008 income must be completed before this form will be processed.

_____ _____ _____ _____

Student's Signature Date Spouse's Signature Date

RETURN TO: Financial Aid Office
CMCC
1250 Turner Street
Auburn, ME 04210

QUESTIONS: Local: (207) 755-5328
Toll Free: 1-800-891-2002
E-mail: ssampson@cmcc.edu

FOR OFFICE USE ONLY

ActionTaken:_____Approved:_____Denied_____

F.A. Director Signature:_____Date:_____

COMMENTS:_____

CMCC is an equal opportunity/affirmative action institution
and employer. For more information, please call 755-5328.