

Professional Judgment Parent Refusal to Complete FAFSA Form

Student Name

ID

The student may be considered for **Direct UNSUBSIDIZED loan only**, if eligible for the loan. To obtain consideration, you should *carefully* read the information below and submit the appropriate documentation. You may be asked for additional documentation depending on your individual situation. Please allow 7-10 business days for processing. **Priority Submission Deadline Date is June 1, 2021** (Note: The earlier you submit your form, the sooner it can be reviewed.)

A. Attach the following information to this form:

- ♦ **Signed and dated Statement from your parent** stating: (1) They have stopped providing financial support to you (including the date when the financial support stopped); (2) They will not provide financial support in the future; **and** (3) Their refusal to complete the parental section of a FAFSA.
- ♦ **If you are unable to obtain the parental statement, provide a signed and dated letter from a responsible adult** who is aware of your situation and can describe the nature of your relationship with your parents.
- ♦ **Signed and dated Statement from you describing:** (1) Nature of your relationship with your parents; (2) Location of both parents and when you last had contact with them; (3) Why you cannot obtain information and/or support from your parents; and (4) How you have been supporting yourself financially.

B. Please complete the following statement of your (student) calendar **year** income and expenses:

INCOME CURRENT CALENDAR YEAR NEXT CALENDAR YEAR

| Earned income (e.g., wages, salaries, tips, work-study earnings) | Current CALENDAR YR | NEXT CALENDAR YR |
|--|---------------------|------------------|
| Financial support received from parents | \$ | \$ |
| Monetary value of other support (e.g., health insurance, room and board) received from parents | \$ | \$ |
| Monetary value of other support (e.g., room and board) from persons other than parents (indicate source) | \$ | \$ |
| Amount of other annual income (indicate source) | \$ | \$ |
| TOTAL | \$ | \$ |

EXPENSES (If any amount is **zero, please explain on a separate sheet.)**

| | Current Calendar YR | NEXT Calendar YR |
|--|---------------------|------------------|
| Housing | | |
| Food | | |
| Transportation (e.g., car payments, insurance, gas, maintenance) | | |
| Utilities | | |
| Child care and/or dependent care | | |
| Personal (e.g., clothing, entertainment) | | |
| Other (indicate source) | | |
| TOTAL | | |

I certify that the information provided is true and correct.

Student's Signature: _____ Date: _____

For Office Use Only:

| | | | |
|---|------|---|------------|
| Date Rec'd _____ | | Signed Statement(s) Y N Not complete | |
| Income section completed Y N | | Expense section completed (with attachment) | |
| Explanation attached with zero expenses Y N | | | |
| Comments: | | | |
| Decision: | | | |
| Counselor Signature | Date | PJ Noted: | EDE: Trans |