

Professional Judgment Parent Refusal to Complete FAFSA Form

Student Name:	XULA 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, 2024** (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.)

Housing	Current Calendar YR	NEXT Calendar YR
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