

Professional Judgment Income Reduction Request

PLEASE PRINT

Lee College ID: _____

Student's Name (Last, First, M.I.): _____

Date of Birth: _____ Phone: _____

Income Reduction Request must be submitted AFTER the 2026 -2027 FAFSA has been completed and evaluated

The Free Application for Federal Student Aid (FAFSA) does not provide a place for students or their families to explain particular circumstances. A Professional Judgment refers to the school's authority to administer and adjust the data elements on the FAFSA and override a student's status in some cases. The decision of the financial aid administrator is final. There is no appeal.

Suppose your income has recently decreased because of an extenuating circumstance. In that case, the Financial Aid Department may be able to reevaluate your financial need based on your projected gross income for the 2026 or 2027 tax year (January 1, 2026, to December 31, 2026, or January 1, 2027, to December 31, 2027). **Allow four weeks to review your request.**

Note: During peak times, it may be longer.

If you haven't-1500 to 0 Student Aid Index (SAI), DO NOT submit this form!

If additional financial aid can be awarded, the funds will be applied after the Department of Education has processed the correction.

Required Documents:

- Provide a statement on your Campus Logic account explaining the reason (s) why the current year's household income will be different from what was reported on 2024 taxes, and include all supporting documentation. Your letter should be detailed and include dates.
- Signed copies of the 2025 or 2026 Tax Return for the student, parent(s) (if dependent), and spouse (if married and are not separated or divorced).
- 2025 or 2026 W-2 and 1099 statements from all employers for the student, parent(s) (if dependent), and spouse (if married, who are not separated or divorced).
- Final income statements (last paycheck stub) and all previous 2024, 2026 or 2027 employers.
- If using the 2026 projected income, please provide a copy of your (spouse) or parent's (s) last paycheck stub. If the employer is unable or unwilling to provide information, a signed statement from the person who experienced a change in employment will also be accepted. The statement must include: the rate of pay, the number of hours worked per week, and the beginning and ending dates of employment.
- Current pay stubs or earning statements from all existing employers in 2024 or 2025.

Loss of Income

REASONS	SUPPORTING DOCUMENTS
Unemployment, reduced employment, or job loss	Attach unemployment benefits statements, retirement or termination notice, and Texas Workforce Commission Award notification.
Disability (date of the disability _____)	Attach memo/letter from employer regarding change or reduction in employment/physician's disability statement indicating the inability to work.
Retirement	Attach retirement or termination notice
Separation or Divorce (date of: _____)	Attach court documents regarding Divorce or termination of child support—lawyer's statement regarding separation.
☐ Death of spouse	Attach death certificate or obituary notice.
☐ Death of parent	Attach death certificate or obituary notice.
Reduced or terminated untaxed income (Social Security benefits, child support, alimony, disability, etc.)	Attach Social Security benefits, termination notice, death certificate, or obituary notice.
☐ Received non-recurring income last year (IRA or pension withdrawals, inheritance, moving allowances, etc.)	Attach bank statements
Other _____	

Indicate the reasons for the loss of income. You must attach supporting documentation. Check all that apply.

CHANGES IN INCOME - SECTION COMPLETION IS REQUIRED

Please carefully estimate your gross* income and benefits for all of 2025, 2026, or 2027.

If you or your parent(s) are recently separated or divorced, do not include the former spouse's income or benefits.

*Gross means before deductions.

2025, 2026 or 2027 Estimated Income	Year	Student	Spouse, if Married	Parent(s), if Dependent
Yearly Gross Wages, Salaries, Tips, & Severance Pay:		\$	\$	\$
Yearly Unemployment Benefits:		\$	\$	\$
Yearly Alimony/Support (Mandated or Voluntary)		\$	\$	\$
Yearly Social Security Benefits:		\$	\$	\$
Yearly AFDC/TANF:		\$	\$	\$
Yearly Child Support Received:		\$	\$	\$
Total:		\$	\$	\$
Any other taxed income or benefits such as worker's compensation, disability, veteran's, non-education benefits, or housing, food, and other living allowances provided to members of the military, clergy, & others:				
Description of additional benefits:	Year	Student	Spouse, if Married	Parent(s), if Dependent
Yearly Benefit:		\$	\$	\$
Yearly Benefit:		\$	\$	\$
Yearly Total:		\$	\$	\$

It may take up to 4 weeks from when this document is submitted to when a decision is reached, provided all requested or appropriate documentation is submitted initially; otherwise, the process will be delayed. **During this review, the student must be prepared to pay their expenses, such as tuition, fees, books, supplies, etc.**

I certify that the above information is accurate and complete to my knowledge. I acknowledge that it is my responsibility to check on this Income Reduction Form status through my myLC Email. My signature on this document binds me to all the conditions stated within.

Certification

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information about my application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Income Reduction	Amount of FAFSA	Net Amount (Based on income reduction)
Total Adjusted Gross Income		
Total Income Tax Paid		
Total Untaxable Income		
Total Taxable Income		
Other:		
EFC:		
Comments:		
Approved: _____ Disapproved: _____ Pending: _____		
Financial Aid Designee Signature:		Date: