



Special Conditions/Professional Judgment Form

RETURN THIS FORM TO: Multnomah University Financial Aid Office | 8435 NE Glisan Street | Portland, OR 97220 | Phone: 503.251.5335 | Fax: 503.445.5199 | Email: finaid@multnomah.edu

Federal regulations allow the Financial Aid Office to use professional judgment to make changes to the original information reported on the FAFSA, when a valid reason for the change exists. Some of the more common reasons are listed below. If you meet the criteria listed for consideration, mark the reason and give a brief explanation. If the reason is not listed below, please submit a written explanation with appropriate dollar amounts to the Financial Aid Office. Please complete the appropriate income information on reverse side and return to Multnomah's Financial Aid Office. You must include specific dollar amounts when you are filling out this form.

Student Name (printed): _____

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Student's (and/or spouse's) income will change significantly from the income listed on the FAFSA. On the reverse side please list your best estimate of what your adjusted gross income will be for the **2022 calendar year**. Also, estimate the amount of federal income tax to be paid based upon that income.

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Parents' income (for dependent students only) will change significantly from the income listed on the FAFSA. On the reverse side please list your best estimate of what the parents' adjusted gross income will be for the **2022 calendar year**. Also, estimate the amount of federal income tax to be paid based upon that income.

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A source of untaxed income listed on the FAFSA will not be available or will be significantly less for 2022. On reverse side, please list the source of untaxed income and the total amount to be received for the **2022 calendar year**.

Complete the following:

- 1) Please fill out the reverse side completely.
- 2) Give a written explanation for the change (please use the space provided below and attach an additional sheet, if necessary). Your Special Condition appeal cannot be processed without an explanation of your situation.

ESTIMATED INCOME

Please provide the following information (in **gross** amounts, estimates are acceptable) for the **2022** calendar year (01/01/2022-12/31/2022). Please do not leave any line blank. If the amount is zero, please put a zero on the line item.

****Please note that we may request additional documents.**

	Student (and spouse, if married)	Parent (s)
Earnings from work (student):	\$ _____	\$ _____ (father)
Earnings from work (spouse)	\$ _____	\$ _____ (mother)
Other Taxable Income:		
Interest	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other Untaxed Income:		
Child Support	\$ _____	\$ _____
Housing Allowance	\$ _____	\$ _____
IRA/Keogh payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

CERTIFICATION OF STATEMENT

I/We certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawal, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with federal guidelines and may or may not result in an adjustment to the student's financial aid eligibility.

_____ Student Signature	_____ Date	_____ Spouse Signature	_____ Date
_____ Parent Signature	_____ Date		

OFFICE USE ONLY

Financial Aid Approval: ___Approved ___Denied	_____ FAA's Signature	_____ Date
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