

**INCOME REDUCTION REQUEST FOR PROFESSIONAL JUDGEMENT**

Student Name: \_\_\_\_\_ ID: 770-\_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

**Your request will need to include the following:**

- **Income Reduction Form (see attached)**
- **Family Size Verification Form**
- **2024 IRS Tax Transcripts if unable to have data automatically uploaded into FAFSA for student (spouse or parent(s) if applicable)**
- **Most recent pay stubs for student (spouse or parent(s) if applicable)**
- **Any other documentation that supports your circumstance**
- **Signed & dated DETAILED (dates and amounts – a financial timeline) statement explaining current situation and the reason for requesting a Professional Judgment**

I am requesting that the Financial Aid Director at Helena College University of Montana consider my circumstances to determine if I may be eligible for a professional judgment according to the Department of Education Federal Regulations. This determination may allow my financial aid eligibility to change at the Helena College University of Montana only. I agree to provide any documentation requested by the Financial Aid Director if it can be obtained. I understand that this decision is made by the Financial Aid Director based upon documentation I supply and that any professional judgment decisions are final.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and any required/requested documentation must be given to the Helena College Financial Aid Office prior to any professional judgment being granted.**

**FOR QUESTIONS CALL: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601  
406-447-6916, [www.helenacollege.edu](http://www.helenacollege.edu)**

**RETURN DOCUMENTATION TO: FINANCIAL AID OFFICE, Helena College, 1115 N. Roberts Street, Helena, MT 59601, or  
fax to: 406-447-6397.**

Student's Name \_\_\_\_\_ ID 770- \_\_\_\_\_

**Income Reduction**

The student's income and/or the spouse's or parent's income will be less in 2025 than in 2023 for any of the following reasons: (please circle the appropriate reason.)

- a. Unemployment or change in employment
- b. Divorce/Separation
- c. Death of spouse or parent
- d. Disability of student, spouse or parent
- e. One-time income (example: inheritance, moving expense allowance, back-year Social Security payments, or IRA or pension distribution.)

Source \_\_\_\_\_ \$ \_\_\_\_\_ Date Received \_\_\_\_\_

How funds were spent/invested \_\_\_\_\_

Complete the following income information. If you, or your parents, are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

**Attach pay stubs and/or other documentation that includes any monies received from 1/26-12/26.**

**Estimate future income from date of submission of Income Reduction form to end of year.**

Anticipated income for the period January-December 2026	Parent/Spouse	Student
Wages, salaries, tips (including severance pay, disability payments and any income from work)		
<b>Other taxable Income:</b>		
Unemployment		
Pensions/Retirement Income		
<b>Untaxed Income:</b>		
Tax Deferred Pensions/Retirement Savings Plans		
Aid to families with dependent children (AFDC)		
TANF		
SNAP		
HUD		
Child support received		
Non-education Veteran's Benefits		
Social Security		
<b>Total anticipated income</b>		

*By signing this worksheet, I certify that all the information reported to qualify for Federal Student Aid is complete and correct. \*Dependent students MUST include parent(s) signature(s).*

\_\_\_\_\_  
Student's Signature                      Date

\_\_\_\_\_  
Spouse's Signature                      Date

\_\_\_\_\_  
Parent's Signature (Mother)              Date

\_\_\_\_\_  
Parent's Signature (Father)              Date