

**Orange Coast College
Student Financial Aid Office
Income Reduction/Projection Request Form
2009 - 2010
Dependent Student**

Student Information. Please Print.

Last	First	M.I.
OCC ID Number		

Complete this form if your income and/or your spouse's or parent's income will be less in **2009** than it was in **2008**.

Make an appointment with a Student Financial Aid Specialist to process this completed form.

Check appropriate reason, giving the date of the change in your situation.

	DATE
<input type="checkbox"/> Unemployment or change in employment	_____
<input type="checkbox"/> Loss of income (i.e., AFDC, social security)	_____
<input type="checkbox"/> Divorce/separation	_____
<input type="checkbox"/> Death of spouse or parent	_____
<input type="checkbox"/> Disability of student, spouse or parent	_____
<input type="checkbox"/> Other (explain) _____	_____
_____	_____

- If you or your parents are divorced or separated, give only your information of the custodial parent or the parent you last lived with.
- 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.
- If you had a one-time income (i.e., inheritance, IRA or pension distribution) during **2008** that you will no longer have in **2009** identify the source of income and how funds were spent or invested.

• **Complete the information requested on the reverse side of this form.**

FOR OFFICE USE ONLY -----

Action Taken: _____

List the expected amount and source of income for each month. Be sure to include income from all sources, i.e.: wages, salaries, Social Security benefits, AFDC, child support, disability, personal loan, family help, any other financial help.

	Student Amount/Source
January 2009	/
February 2009	/
March 2009	/
April 2009	/
May 2009	/
June 2009	/
July 2009	/
August 2009	/
September 2009	/
October 2009	/
November 2009	/
December 2009	/
January 2010	/
February 2010	/
March 2010	/
April 2010	/
May 2010	/
June 2010	/

I certify that the above information is true and complete to the best of my knowledge. I understand that should my financial situation improve, I must report any updated information to the Student Financial Aid Office.

Signature: _____ Date: _____

List the expected amount and source of income for each month. Be sure to include income from all sources, i.e.: wages, salaries, Social Security benefits, AFDC, child support, disability, personal loan, family help, any other financial help.

	Parent(s) Amount/Source
January 2009	/
February 2009	/
March 2009	/
April 2009	/
May 2009	/
June 2009	/
July 2009	/
August 2009	/
September 2009	/
October 2009	/
November 2009	/
December 2009	/
January 2010	/
February 2010	/
March 2010	/
April 2010	/
May 2010	/
June 2010	/
May 2010	/
June 2010	/