

**Orange Coast College
Student Financial Aid Office
Income Reduction/Projection Request Form
2009 - 2010
Independent 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/Spouse 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: _____