



Student name \_\_\_\_\_

COCC ID number \_\_\_\_\_

**Use this form only if you, your spouse, and/or parent(s) have experienced a significant change in unemployment benefits** income during 2023 or 2024 calendar year after the 2023-24 FAFSA was filed. For all other type of income reduction adjustments not related to unemployment benefits, please see the Employment Adjustment or Special Conditions. If you are unsure which adjustment form to complete, contact the COCC Financial Aid Office.

**Documentation Required:**

- Completed Unemployment Benefit Adjustment Form
- Submit a most recent or final pay stub for all jobs worked during the calendar year that you are requesting to have reviewed
- Submit a copy of unemployment benefits letter that include the weekly benefit amount and expiration date of benefits
- Submit a signed statement of any other untaxed income for the appropriate year (disability, non-educational VA benefits, child support, alimony, etc.)

Your adjustment will be reviewed and if an adjustment is warranted, it will be retroactive to the first term you attended during the 2023-24 academic year.

**IMPORTANT:** Please only submit **copies** of the documents we request. All documents submitted become the property of the Financial Aid Office and will not be returned or loaned to the student or parent to photocopy. Please allow up to 4 weeks for processing of this adjustment. Submission of this adjustment does not ensure a change or increase in your award. You will be notified of the results.

**\*\*\* You may only submit one Unemployment Benefit Adjustment Form for 2023-24\*\*\***

Provide the following information:

- Parent Adjustment—Parents must attach all documentation listed above.
  - Parent earned no income
- Student and/or spouse Adjustment\*—Student and spouse must attach all documentation listed above.
  - Student and/or spouse earned no income

**\*NOTE:** Dependent students must submit signed copies of the Federal Tax Return and W-2s for both parent and student regardless

**CERTIFICATION**

All of the information provided by me, or any other person, is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid. Adobe or signature type fonts cannot be accepted.

I also agree to update the COCC Financial Aid Office if my unemployment compensation changes during the aid year.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

Parent signature (dependent students only) \_\_\_\_\_

Date \_\_\_\_\_

**Financial Aid Office**  
541.383.7260 • fax: 541.383.7506  
2600 NW College Way, Bend, Oregon 97703  
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Office use only  
Initial \_\_\_\_\_  
Date \_\_\_\_\_  
 Approved  Denied