



Student name _____

COCC ID number _____

Use this form only if you have experienced a significant change of employment or unemployment income (approximately 10% or more in income) after you filed your 2019-20 FAFSA. For other requests for income adjustments, use the **Special Conditions Form**. This form is used to request a review of your financial aid eligibility as a result of a significant change in employment income for you, your spouse and/or parent(s) during the 2018 or 2019 calendar year.

- Please note: It is the policy of this college not to base financial aid adjustments on projections or estimates for future income.

Documentation Required: When you and/or your parent(s) have completed your 2018 or 2019 Federal Tax Return,

- Complete Employment Adjustment Form
- Submit copies of 2018 or 2019 W2s
- Submit a signed copy of your 2018 or 2019 Federal Tax Return or Tax Transcript

Your adjustment will be reviewed and if an adjustment is warranted, it will be retroactive to the first term you attended during the 2019-20 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 the 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 Employment Adjustment Form for 2019-20*****

Which income year are you submitting for review? (Only check one)

- 2018
 2019

Provide the following information for the selected year:

_____ Parent Income Adjustment—Parents must attach a signed copy of their Federal Tax Return or Tax Transcript including W-2s for the selected year.

- No earned income

_____ Student and/or spouse Income Adjustment—Student must attach a signed copy of their Federal Tax Return or Tax Transcript including W-2s for the selected year.

- No earned income

NOTE: Dependent students must submit signed copies of the Federal Tax Return and W2s for both parent and student regardless of whose income changed.

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 will not be accepted.

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