



Employment Income Adjustment 2024/25

Name _____
Address _____
City _____ State _____

CCC ID number _____
Phone _____
Zip _____

This form is used to request a review of your financial aid eligibility as a result of loss or reduction of employment for you, your spouse and/or your parents during the 2024-2025 academic year.

Check the appropriate box, complete the certification statement below, and attach a signed copy of your and/or your parents 2023 federal tax return and W-2's and signed statement of any other support.

Return this form and attachments to: **CCC Financial Aid Office- Columbia 116
1651 Lexington Avenue
Astoria, OR 97103**

Important: Please submit only copies of the document we request. All attachments must be dates, signed, and reflect the name and CCC ID number of the student. Please allow a minimum of 3 weeks for processing of this form.

Note: Submission of the form does not ensure a change or increase in your award. You will be notified of the results.

The information provided on this form is for: (please check one):

_____ **Parent Employment Adjustment- Parents and student must attach a signed copy of their 2023 Federal Income Tax Return, including all schedules and W-2's and a signed statement of any other source of support in 2023 such as SNAP, TANF, child support, etc.**

_____ **Student (and / or spouse) Employment Adjustment- Student must attach a signed copy of their 2023 Federal Income Tax Return, including all schedules and W- 2's and a signed statement of any other source of support in 2023 such as SNAP, TANF, child support, etc.**

Certification Statement: All of the information provided by me, or any other person, is true and complete to the best of my knowledge. If requested, I agree to provide further documentation for any information I have submitted to clarify my situation. I understand that purposely giving false or misleading information may subject me to fines, penalties, and/or termination of financial aid.

Student signature _____ Date _____

Parent signature (if student is dependent) _____ Date _____

For office use only: Approved _____ Denied _____ Initials _____ Date _____

Comments: _____