



Financial Aid Office 7777 S May Ave, Oklahoma City, Oklahoma 73159 *Fax: (405) 685-7837 * Email: FinancialAidOffice@occc.edu

2023-2024 Income Adjustment Request Form

Submission Deadlines: Fall 2023 : November 1, 2023 / Spring 2024: April 1, 2024

Student Name _____ Student ID # _____

This form can be used to report substantial changes in your and/or your family's income that have occurred due to unusual circumstances since filing your 2023-2024 FAFSA. Once you have gathered all of the documentation related to the reduction in income, submit it along with a written explanation and this completed/signed form to the Financial Aid Office.

***PLEASE NOTE: An Income Adjustment Request submitted without the required letter of explanation and supporting documentation will not be considered. Submission of an Income Adjustment Request does not guarantee that your financial aid will be adjusted. You will be notified through your OCCC student email of the change request decision.**

Reason for Income Adjustment Request / Documents to Provide <i>*Include a written/signed statement detailing the changes.</i>	Date of Change	Income Change for Family Member
Unemployment or substantial reduction in income from work that lasted at least 6-weeks: -Letter from former employer with employment change date OR unemployment statement -Most recent Federal Tax Return Transcript or signed Federal Tax Return and W2 Forms -Most recent year-to-date pay stubs	_____	Student Spouse Parent
Divorce/Separation after submitting FAFSA -Divorce decree or legal separation OR if not legally separated proof of different addresses (utility bill, lease for separation period) -Most recent Federal Tax Return Transcript or signed Federal Tax Return and W2 Forms -Most recent year-to-date pay stubs	_____	Student Spouse Parent
Death of Spouse or Parent -Death certificate -Most recent Federal Tax Return Transcript or signed Federal Tax Return and W2 Forms -Most recent year-to-date pay stubs	_____	Student Spouse Parent
Unusual Medical Expenses Paid Out of Pocket -Receipts of medical expenses paid by student, spouse or parent	_____	Student Spouse Parent

Anticipated Income for Current Year <i>List dollar (\$) amounts based on current income</i>	Student	Spouse	Parents of dependent student
Wages, Salary, Tips	\$ _____	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____
Cash Assistance from family/friends	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____	\$ _____

I certify that the information provided on this form and attached supporting documents are true and complete to the best of my knowledge. _____ Student Certifying Signature _____ Date	I certify that the information provided on this form and attached supporting documents are true and complete to the best of my knowledge. _____ Parent of dependent student Certifying Signature _____ Date
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OFFICE USE ONLY		
Decision: _____	Original EFC: _____	Transaction #: _____
Comments:		
_____	_____	_____
FAA Name: _____	Signature: _____	Date: _____