



Employment Income Adjustment
2020-2021

www.clatsopcc.edu

Name _____ CCC ID number _____
Address _____ Phone _____
City _____ State _____ 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 calendar year 2019.

Check the appropriate box, complete the certification statement below, and attach a signed copy of your and/or your parents 2019 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 dated, 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 2019 Federal Income Tax Return, including all schedules and W-2's and a signed statement of any other source of support in 2019 such as SNAP, TANF, child support, etc.

Student (and / or spouse) Employment Adjustment- Student must attach a signed copy of their 2019 Federal Income Tax Return, including all schedules and W- 2's and a signed statement of any other source of support in 2019 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: _____