

INCOME REDUCTION REQUEST 2026-2027



***Must submit AFTER the 2026-2027 FAFSA has been completed and award letter received. ***

The Free Application for Federal Student Aid (FAFSA) does not provide a place for students and/or their families to explain special circumstances. A Professional Judgment defers to the school's authority to administer and adjust the data elements on the FAFSA and override a student's status in some circumstances. The decision of the financial aid administrator is final. There is no appeal.

If your income has recently decreased because of an extenuating circumstance, the Financial Aid Department may be able to reevaluate your financial need based on your projected gross income for the 2025 and/or 2026 tax year (January 1, 2025 to December 31, 2025 and/or January 1, 2026 to December 31, 2026). Allow 3-6 weeks to review your request, except during peak times it may be longer.

If you have an Student Aid Index (SAI) of ZERO do not submit this form.

If additional financial aid can be awarded, the funds will be applied after the correction has been processed by the Department of Education.

Student Information			
Last Name	First Name	MI	Student ID #
Phone Number		Email Address	
Changes in Income			
Whose income decreased? (check all that apply)			
Student <input type="checkbox"/>	Student's Spouse <input type="checkbox"/>	Student's Mother <input type="checkbox"/>	Student's Father <input type="checkbox"/>

Required Documents:

- **Attach a typed letter explaining your specific circumstances and include all supporting documentation. Your letter should be detailed and include dates.**
- **Signed copies of 2024 and/or 2025 Tax Return for the student, parent(s) (if dependent), and spouse (if married who are not separated or divorced).**
- **2024 and/or 2025 W-2 and 1099 statements from all employers for the student, parent(s) (if dependent), and spouse (if married who are not separated or divorced).**
- **Current pay stubs or earning statement from all current employers for 2026.**

Loss Income

Indicate the reasons for the loss of income. You must attach supporting documentation. **Check all that apply.**

Reasons	Supporting Documentation
<input type="checkbox"/> Unemployment, reduced employment, or job	Unemployment benefits statements, retirement or termination notice.
<input type="checkbox"/> Disability (date of disability: _____)	Memo/letter from employer regarding change or reduction in employment/physician's disability statement indicating inability to work.
<input type="checkbox"/> Retirement	Retirement or termination notice.
<input type="checkbox"/> Separation or Divorce (date of: _____)	Court documents regarding divorce or termination of child support. Lawyer's statement regarding separation.
<input type="checkbox"/> Death of spouse	Death certificate, or obituary notice.
<input type="checkbox"/> Death of a parent	Death certificate, or obituary notice.

<input type="checkbox"/> Reduced or terminated untaxed income (Social Security benefits, child support, alimony, disability, etc.)	Social security benefits termination notice, death certificate, or obituary notice.
<input type="checkbox"/> Received non-recurring income last year (IRA or pension withdrawals, inheritance, moving allowances, etc.)	Bank statements
Other: _____	

Changes in Income Section completion is required.

Please carefully estimate your gross*income and benefit for all of 2025. If you or your parent(s) are recently separated or divorced; do not include the former spouse's income or benefits.
*Gross means before deductions.

2025 Estimated Income	Year	Student	Spouse, if married	Parent(s), if dependent
Gross wages, Salaries, tips, & severance pay:		\$	\$	\$
Unemployment benefits:		\$	\$	\$
Alimony/Support (mandated or voluntary)		\$	\$	\$
Social Security Benefits:		\$	\$	\$
AFDC/TANF:		\$	\$	\$
Child Support received:		\$	\$	\$
Total:		\$	\$	\$

Any other taxed income or benefits such as worker's compensation, disability, veteran's, non-education benefits, or housing, food, and other living allowances provided to members of the military, clergy, & others:

Description of additional benefits:	Year	Student	Spouse, if married	Parent(s), if dependent
Benefit:		\$	\$	\$
Benefit:		\$	\$	\$
Total:		\$	\$	\$

Changes in Income Section completion is required.

Please carefully estimate your gross*income and benefit for all of 2026.
If you or your parent(s) are recently separated or divorced; do not include the former spouse's income or benefits.

2026 Estimated Income	Year	Student	Spouse, if married	Parent(s), if dependent
Gross wages, Salaries, tips, & severance pay:		\$	\$	\$
Unemployment benefits:		\$	\$	\$
Alimony/Support (mandated or voluntary)		\$	\$	\$
Social Security Benefits:		\$	\$	\$
AFDC/TANF:		\$	\$	\$
Child Support received:		\$	\$	\$
Total:		\$	\$	\$

Any other taxed income or benefits such as worker's compensation, disability, veteran's, non-education benefits, or housing, food, and other living allowances provided to members of the military, clergy & others:

Description of additional benefits:	Year	Student	Spouse, if married	Parent(s), if dependent
Benefit:		\$	\$	\$
Benefit:		\$	\$	\$
Total:		\$	\$	\$

VERIFICATION

List everyone in your household including yourself.

Student's Family				
Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>CCBC</i>	<i>Half-Time</i>
		Self		

Family Information to Be Verified

Untaxed Income

Did student, spouse, or parent(s) (if dependent) receive untaxed income in 2024, 2025 or 2026 (Sources may include Social Security benefits, TANF, unemployment benefits, child support received, state disability, worker's compensation, military housing allowance, VA Non-Educational benefits, general relief, alimony, or any other untaxed income received).

Indicated the source and the amount below.

Sources of Untaxed Income	Student/Spouse or Parent(s) if applicable	Year	Amount

✓ Filed a tax return

Student, spouse, or parent(s) (if dependent). **Must submit a 2024 IRS tax return.**

✓ Did not file a tax return

Who in the family did not file a tax return? Student Spouse Parent(s)

Was not employed and had no income earned from work in 2024. Submit a letter of non-filing.

Was employed in 2024, but will not file and am/are not required to file a 2024 income tax return with the IRS.
Listed below are the names of the employer and the amount earned. Copies of W-2's and 4506-T must be attached.

Employee's Name	Employer's Name	2024 Amount Earned
<i>Jane Smith(example)</i>	<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>

SNAP Information to Be Verified

✓ Check the box below if you, spouse, or parent(s) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2024, 2025 or 2026 calendar years.

One of the people listed as living in the household on this worksheet received SNAP benefits in 2024, 2025 or 2026.

Statement of Educational Purpose/Certification

✓ **Check the box and complete section below.**

I certify that all of the information reported on this verification worksheet is complete and correct and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending CCBC for the 2026-2027 Award Year.

CERTIFICATION

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with my application for federal aid, I may be subject to a fine up to \$20,000, sent to prison, or both.

Student Signature:

Date:

Parent Signature (if Dependent):

Date:

FOR OFFICE USE ONLY

Income Reductions	Amount on FAFSA	New Amount (based on income reduction)
Total Adjusted Gross Income		
Total Income Tax Paid		
Total Untaxable Income		
Total Taxable Income		
Other:		
EFC:		

Comments

Approved

Denied

Financial Aid Designee Signature:

Date: