## 2018-2019 REDUCTION OF INCOME FORM

You have notified the Office of Financial Assistance that your and/or your spouse's/parents' financial circumstance has changed since 2016. Your and/or your spouse's/parents' current income must be substantially less than the 2016 income in order for our office to reevaluate your financial aid eligibility. **The following situations will NOT be considered for a Reduction of Income:** reduction in overtime pay, bankruptcy, retirement, tuition paid for elementary/secondary private schooling, unusual personal expenses (e.g. wedding, credit card bills, mortgage/loan payments, childcare), business losses, shifts in commission sales, one-year bonus incomes (e.g. lottery/gambling winnings, pension payments, legal awards), or stock market losses. Fill out this form completely and attach all required documents, before submitting to the Office of Financial Assistance.

Student Name:	Student ID#:
married), and/or your parents' income application) has reduced since 2016. It	d statement explaining why your, and/or your spouse's (if (if you are a dependent student on your financial aid <b>nclude the exact date that the reduction of income</b> or your parent(s) are not currently working, please explain how d, utilities) are currently being met.
□ V1 Verification Form. Download fill it out, and attach to this form.	the form from our website <a href="www.contracosta.edu/financialaid">www.contracosta.edu/financialaid</a> ,
you are a dependent student on your fi	ttach your, and your spouse's (if married), or your parents' (if inancial aid application) 2016 Federal Tax Transcripts. ipts can be found on the V1 Verification Form.
• •	ek the box for the reason(s) you are applying for this Reduction pporting documentation described below:
from the Unemployment Office no employer which verifies your last of Loss of Untaxed Income/Benefit untaxed income/benefit (e.g. child the date that the income/benefit was Divorce or Legal Separation: after the date you filed your finance the divorce or separation has been Death of Spouse/Parent: your financial aid application. Attach a Military Discharge: you and/or wages/combat pay in 2016 and are Other: another unexpected reduced.	<b>fits:</b> you and/or your spouse/parent has lost eligibility to receive an support, SSI, alimony, etc.). Attach documentation which notates as terminated. you and/or your parents have become divorced or legally separated ial aid application. Attach the <b>court documentation</b> which indicates filed. spouse or parent has become deceased after the date you filed your
showing your current and Year-to-D current and Year-to-Date earnings for are a dependent student on your fin	your most recent check stub from your current employer Pate earnings. Also, submit most recent check stub showing your spouse, if you are married, or your parent(s), if you ancial aid application. If you, your spouse, or your parent(s) your Personal Statement an explanation of how the household currently being met.



of ı	<b>Proof of Current Untaxed Incon</b> untaxed income currently being re buse, or your parent(s) are currentl	ceived (e.g. ur	employment, c	hild support, a	_				
inc col	Projected Estimated Income. Come for the 2018 calendar year. If umns. If you are a dependent study. The "Mother's and or "	omplete the tab you are marri ent on your fir	le below to pro ed, complete th ancial aid appl	vide estimates e "Student" A ication, comple	ND "Spouse"	,			
	PROJECTED ESTIMATED INCOME, JANUARY – DECEMBER 2018								
	TYPE OF INCOME	STUDENT	SPOUSE	MOTHER/ STEP- MOTHER	FATHER/ STEP- FATHER				
	Income from work (wages)								
	Taxable interest/pensions/annuities								
	Unemployment Compensation								
	Alimony/Spousal Support								
	Worker's Comp/ Disability (not SSI)								
	Child Support								
	Other income (specify source):								
	Total Projected Income for 2018:								
	Sign the Certification. Read and pendent student on your financial a				r parent, if yo	ou are a			
	I/we understand that submission of the change to the student's financial aid documents and use Professional Judiused to calculate the student's Expectal Englishibity. I/we understand that incomponent of the change in the change in the change in the status via email to his agree that all Reduction of Income described to the status via email to his agree that all Reduction of Income described in the change	awards. The Figement to make ted Family Complete forms cannage, I/we undediately. Process/her District-ass	nancial Aid Adm a determination atribution, which annot be reviewe derstand that we ssing time is 3-4 signed student er	regarding any of may or may no d. If any of the must notify the weeks, after wh	changes to the taffect the stuincome amour confice of Finitch the studen	these data dent's ats or ancial t will b			
Student	Signature	Date S	pouse/Parent Sign	ature – (if applica	able) D	ate			
		OFFICE USE	ONLY						
Verifie	ed EFC: Reduction	Reduction of Income EFC:			Corrections: ☐ Yes ☐ No				
		Taxes Paid:		st. 2018 Untaxed	Income:				
Notes:				Dat	۵.				