OXY Occidental College
Office of Financial Aid

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2024–2025 UPDATED/PROJECTED INCOME FORM

Student's Last Name _____ Student's First Name _____ M.I. _____ Oxy ID or Last 4 Digits of SSN _____

Eligibility for 2024-2025 financial aid is based on your income from 2022. However, if your family has experienced a significant reduction in income since that time, you may request our office to reevaluate your financial aid eligibility based on your final 2023 or your projected 2024 income. If you would like Occidental to consider this request, **you must complete this form, provide a signed written statement, copies of your 2023 federal tax returns, and acceptable supporting documentation**.

SECTION A: Please complete the following steps:

1. ***Indicate the circumstances that changed your income by checking the appropriate box below.***
2. ***Provide a signed written explanation outlining the change in your income. Please be sure to include any details that will help our office to understand your financial situation.***
3. ***Attach acceptable supporting documentation that substantiates the change in your income.***
4. ***Attach a copy of your 2023 tax return (with all schedules and statements)***

CHANGE OF INCOME CIRCUMSTANCES	EXAMPLES OF ACCEPTABLE SUPPORTING DOCUMENTATION
☐ Loss of Employment	Lay-off/termination notice, Unemployment award letter
☐ Decrease in Wages or Salary	Last pay stubs showing year to date income (prior to & after) reduction, reduction in hours or salary notice from employer
☐ Separation or Divorce	Copy of divorce or separation documents
☐ Death of a parent or spouse	Death certificate, copy of obituary
☐ One-time distribution	Distribution documentation listing source, amount, reason, etc.
☐ Other: *Specify*_____	Applicable documentation

SECTION B: Please provide all sources of income you will/may receive from all sources for the calendar year of 2024. Provide your best estimates wherever necessary. ***Do not leave any amounts blank. If the amount is zero or is not applicable, enter "$0" in the space provided.***

PROJECTED 2024 ANNUAL INCOME *(January 1, 2024 – December 31, 2024)*	STUDENT/SPOUSE	PARENT(S)/SPOUSE
Income earned from work by Student/Spouse **or** Parent 1 /Spouse *Spouse's Name* _____	$	$
Income earned from work by Parent 2 /Spouse *Spouse's Name* _____	$	$
Net Business/Farm Income	$	$
Business Owner's Draw	$	$
Rental Income	$	$
Interest/Dividend Income	$	$

PROJECTED 2024 ANNUAL INCOME *(January 1, 2024 – December 31, 2024) - CONTINUED*		
Withdrawals from Pensions/Annuities	$	$
Severance Pay	$	$
Unemployment Compensation	$	$
Social Security Benefits	$	$
Disability Benefits	$	$
Child Support Received	$	$
Alimony Received *Name of Payer* _____	$	$
Veteran's Benefits *(non-educational)*	$	$
SNAP Benefits	$	$
All other income not previously reported *List Source(s)* _____	$	$
TOTAL PROJECTED 2024 ANNUAL INCOME	$ 0.00	$ 0.00

CERTIFICATION

I/We certify that all information reported on this form, and any additional/supporting documentation attached to this form, is true, complete, and accurate, and to the best of my/our knowledge. I/We understand that purposely providing false or misleading information will be cause for denial, reduction, withdrawal, and/or repayment of financial aid funds.

PLEASE NOTE THAT OUR OFFICE IS UNABLE TO ACCEPT DIGITAL SIGNATURES. PLEASE PRINT, SIGN (WET SIGNATURE) AND UPLOAD YOUR COMPLETED FORM VIA IDOC. THIS PARTICULAR FORM MAY ALSO BE EMAILED DIRECTLY TO OUR OFFICE AT FINAID@OXY.EDU.

_____	_____	_____
Student Signature	Print Name	Date
_____	_____	_____
Parent Signature	Print Name	Date