

STUDENT'S NAME: \_\_\_\_\_

OXY ID: \_\_\_\_\_

(NEW STUDENTS LEAVE BLANK)

**INCOME UPDATE**

**2020-2021**

Occidental College  
Financial Aid Office  
1600 Campus Road F-35  
Los Angeles, CA 90041

Phone: 323-259-2548  
Fax: 323-341-4961  
finaid@oxy.edu  
www.oxy.edu/financial-aid

Complete this form if you have experienced a change in your income and you would like the Financial Aid Office to consider this change when reviewing financial aid eligibility. Please complete every section. If something does not apply to you, please indicate N/A or \$0.

**DISLOCATED WORKER**

Are you or your spouse (if applicable) a dislocated worker/displaced homemaker? ..... NO  YES

A dislocated worker/displaced homemaker is defined as a person who:

- is receiving unemployment benefits due to being laid-off or losing a job, **and** is unlikely to return to a previous occupation
- has been laid-off or received a lay-off notice from a job
- was self-employed, but is now unemployed due to economic conditions or natural disaster
- previously provided unpaid services to the family (i.e., a stay-at-home parent), is no longer supported by their spouse/partner, is unemployed or underemployed, and is having trouble finding or upgrading employment

**INCOME INFORMATION**

Please report all sources of income that you will/may receive from all sources for the **2020-2021** academic year. Please provide estimates to the best of your ability. Forms completed entirely with zeros will not be considered.

Source(s) of Income	2020-2021 Income (July 1, 2020 - June 30, 2021)
Earnings from work by Parent 1/Student (_____)	
Earnings from work by Parent 2/Student Spouse (_____)	
Interest/dividend income	
Net profit from business/farm (do not include losses)	
Other taxable income (select: unemployment, rental income, alimony, pensions, annuities, capital gains, royalties, estates, partnerships, trusts, severance payments, etc.)	
Other untaxed income (select: disability benefits, social security benefits, supplemental security income, welfare benefits, workman's compensation, cash support from others, child support, etc.)	
<b>TOTAL INCOME*</b>	

In order to fully review your request we also **require all of the following**:

1. A written explanation outlining the reason(s) for the change to your income. Please provide details that will help our office understand your financial situation.

**Statement attached?** NO  YES

2. Documentation that substantiates the change to your income (i.e. lay-off notice, unemployment benefits, death certificate, etc.)

**Documentation attached?** NO  YES

3. A copy of your 2019 tax return (with all schedules and statements). If your tax return is not available at the time you complete this form, please submit it as soon as it is available. We will not be able to fully review your request without your 2019 tax return.

**2019 tax return attached?** NO  YES

**CERTIFICATION**

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that if it is determined that I purposely provided false or misleading information in an effort to receive federal financial aid, I may be fined, sentenced to jail, or both. This will also be cause for referral (of the student) to the Judicial Council for possible violations of the Occidental College Code of Student Conduct. The student and parent(s) may also be referred to the U.S. Department of Education Inspector General.

Parent Signature (no electronic signatures)

Print Name

Date