

Student Name _____ **Student ID** _____

Please complete this form if, **due to circumstances beyond your control**, you and/or your spouse or parent(s) [for dependent students] have had some dramatic financial change that has reduced your income in 2026 or 2027.

- If you are considered an **independent** student you will only provide information about yourself and/or your spouse.
- If you are considered a **dependent** student you will provide information about yourself, and/or your parents.

SECTION I: Mark the reason(s) that applies to your income reduction situation and include the dates the situation happened. **NOTE: You must attach documentations for all marked reasons.**

Month and Year

1.	Unemployment	self	spouse	parent
2.	Loss of income (i.e.TANF, social security)	self	spouse	parent
3.	Divorce/Separation	self	spouse	parent
4.	Death of	self	spouse	parent
5.	Disability of	self	spouse	parent
6.	Other (explain): _____			

SECTION 2: **Please provide a detailed written statement on a separate sheet of paper,** to explain the circumstances that contributed to the situation. If you had one-time income (i.e., inheritance, IRA or pension distribution) during 2024 that you will no longer have in 2025 and/or 2026, identify the source of income and explain how funds were spent or invested.

INCOME REDUCTION REQUEST CHECKLIST: Please mark all that apply

- Written Statement (required for all income reduction requests. Please explain in detail with date(s) and year(s) of the circumstance(s) that lead to the income reduction) (**required**)
- Verification Worksheet (Dependent or Independent) (**required**)
- 2025 IRS Tax return Transcripts including all schedules and W-2's (**required** for both parent and/or student if required to file)
- 2026 IRS Tax Return Transcripts including all schedules and W-2's (**required** after 12/01/2026 parents and/or student if required to file)
- Copy of your Unemployment Benefits (i.e. eligibility award letter) from the Employment Development Department (EDD)
- Letter(s) from former employer(s) indicating last working day, reason for separation and final pay stubs.
- For Military Discharge within 2025, 2026, or 2027, DD214 showing discharge status.
- Finalized Divorce decree or Legal Separation decree (court document) - or - Proof of Separate Dwelling for both parties if there is no "legal separation court document" (i.e. separate rental agreements)
- For all jobs that you are still currently employed: an employment letter indicating the gross year-to-date earnings, current rate of pay, and average number of hours worked per week.
- Proof of current year-to-date untaxed income (including Worker's Compensation, cash received from family, friends, and/or inheritance · Any other source of income for 2025 or 2026 including, but not limited to:
 - LES showing subsistence benefits/Chapter 31 Benefits
 - VA work-study pay stubs

2026-2027 Income Reduction Request

Student Name _____ **Student ID** _____

NOTE: You must provide all required documentations before an assessment of your petition can be made. Incomplete forms will not be accepted & unsubstantiated forms will be dismissed.

SECTION 3: **Select one** 2025 or 2026 (first day to apply for income Reduction based on 2026 is 10/03/2026)

- Complete the information below with your 2025 taxable and un-taxable income.
- or -
- Complete the information below and provide documentation for all 2026 Taxable and Nontaxable Income earned to date, as well as all **Expected and/or Projected Taxable and Nontaxable Income for the remainder of 2026**

Submission after December 1st, 2026, will require a copy of your 2026 IRS Tax Return Transcript if required to file.

Complete the table below with information for the selected year (2025 or 2026)

<u>Taxable Income Sources</u>	Student	Spouse	Parent 1	Parent 2
<u>Wages, Salaries, & Tips:</u>				
<u>State Unemployment Benefits (EDD):</u>				
<u>Pensions or Annuities Distribution:</u>				
<u>Alimony Received: Cashed IRA's, 401K's:</u>				
<u>or Stock Bonds Owned:</u>				
<u>Other Taxable Income (Please Specify):</u>				
<u>Total Taxable Income:</u>				
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<u>Nontaxable Income Sources</u>				
<u>Social Security Benefits:</u>				
<u>Temporary Assistance for Needy Family:</u>				
<u>Child Support Received:</u>				
<u>Disability Payments:</u>				
<u>Other Untaxed Income and/or Benefits</u>				
<u>Total Untaxed Income:</u>				
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<u>Total Income:</u>				

Section 4: Certification.

I certify that the information provided on this form is true and correct. I understand that this information will be used to determine my eligibility for financial aid and that false or misleading information may be cause for termination of my financial aid and repayment of funds received.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

The signing parent must be one of the parents listed on FAFSA, required for dependent students.

This request is valid only at San Diego City College. The decision of the Financial Aid Office is Final. It is possible that the Department of Education may select your FAFSA for further verification, which will result in a request for additional documentation after this form is processed.

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information: <https://www.sdccd.edu/students/titleix/> SDCCD Board Policy 3410

Financial Aid Technician Notes: