

# 2022-2023 - Walla Walla Community College Aid Adjustment Form - Independent

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

Last 4 of Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Check the box that reflects your situation and return this completed form along with:

- 1) **Copy of Student/Spouse's Federal 2020 tax transcripts or submit FAFSA data retrieval tool.**
- 2) **A brief letter explaining your situation**
- 3) **Any additional documentation listed below:**
  - If Unemployment/Reduced hours: Copy of employment termination or notification of reduction in hours from employer.
  - If one-time income: copy of proof of the one-time income (ex. W2, tax schedules, 1099, etc.).
  - If death of a wage earner: a copy of the death certificate, documentation of any insurance payment expected to be received.
  - If divorce/separation: copy of legal separation or divorce papers, clear documentation concerning expected child and/or spousal support payment or receipt.

**Loss of Income**

My family's income has declined in 2022-2023 due to:

- unemployment,  retirement,  change of employer,  reduction in hours,  a one-time income received in 2020,  death of a wage earner,  divorce/separation.

Household size in 2022-2023 year: \_\_\_\_\_ # in Household \_\_\_\_\_ # in College (for divorce/separation only)

Student's Income Information	<u>Calendar Year</u> <small>Jan. 2022 -Dec. 2022</small>	<u>Academic Year</u> <small>Sept. 2022 – Aug. 2023</small>
Student's Gross Income from Work	\$	\$
Spouse's Gross Income from Work	\$	\$
Student and Spouse's Other Taxable Income - Please circle:(ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Student and Spouse's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Student and Spouse's Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$

**Extraordinary Expenses (please provide documentation of expenses)**

- Extraordinary medical/dental expenses not covered by insurance (please attach documentation, schedule A).  
 I have the following unusual circumstances which limit my ability to assist with my own educational expenses: \_\_\_\_\_

**CERTIFICATION: I certify that the information provided on this form is true and figures provided are accurate to the best of my ability.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***Incomplete paperwork will not be processed. If you have any questions please contact our office at [financial.aid@wwcc.edu](mailto:financial.aid@wwcc.edu).***