



Central Community College maximizes student and community success

2024-25 Professional Judgment Income Reduction Request

Student Name _____ CCC ID# _____

A 2024-25 Free Application for Federal Student Aid (FAFSA) result must be received before an income adjustment will be considered due to a change in an economic situation.

Who experienced the income reduction? Parent of Dependent Student Student/Student Spouse

Please select which year the income reduction occurred in: 2023 2024

2023 Reduction of Income

Provide the following documents for income reduction that occurred in 2023.

- Signed copy of your 2023 Federal Income Tax Form, including schedules 1, 2, 3 and C, F, &/or E, if filed
W-2's
Verification of any other income sources received in 2023, such as unemployment benefits, workman compensation, social security benefits, etc.

2024 Reduction of Income

Please note that 2024 reduction will not be processed until AFTER July 1st.

Describe the circumstances that led to a reduction in family income or resources during the current year (2024). (Please feel free to use a separate sheet if you need more room.)

Provide the following documents for income reduction that occurred in 2024.

- A letter from your former employer(s) verifying the date the employment change occurred and any income earned-to-date with that employer in 2024.
A copy of the most recent paycheck stub(s) from all jobs held in 2024 by all in the household.
If unemployment compensation has been received in 2024, documentation verifying the amount(s).
Complete the back section completely. If there is no amounts to list, please list 0.

Student

- Are you currently employed? Yes No - If no, skip questions 2 - 6 in this section.
Please list your current employer(s):
On what schedule are you paid? Every Week Every 2 Weeks Bi-monthly Monthly
Other:
What is your current pay rate or salary? \$ per Hour Month Other:
How many hours per week do you or will you work on average?
In 2024, how much do you estimate your income will be before taxes? \$

Name of Parent/Stepparent #1 or Spouse of Student: _____

1. Are you currently employed? Yes No – If no, skip questions 2 - 6 in this section.
2. Please list your current employer(s): _____
3. On what schedule are you paid? Every Week Every 2 Weeks Bi-monthly Monthly
Other: _____
4. What is your current pay rate or salary? \$ _____ per Hour Month Other: _____
5. How many hours per week do you or will you work on average? _____
6. In 2024, how much do you estimate your income will be before taxes? \$ _____

Name of Parent/Stepparent #2: _____

1. Are you currently employed? Yes No – If no, skip questions 2 - 6 in this section.
2. Please list your current employer(s): _____
3. On what schedule are you paid? Every Week Every 2 Weeks Bi-monthly Monthly
Other: _____
4. What is your current pay rate or salary? \$ _____ per Hour Month Other: _____
5. How many hours per week do you or will you work on average? _____
6. In 2024, how much do you estimate your income will be before taxes? \$ _____

Other Income

Parent1/Parent2

Student/Student Spouse

Have you or will you cash out any retirement pensions, annuities or IRAs in 2024?	Yes	No	Yes	No
If yes, what is the total pension, annuity or IRA payout to you in 2024?	\$ _____		\$ _____	
Have you received any unemployment compensation in 2024?	Yes	No	Yes	No
If yes, project the total unemployment you will receive for 2024.	\$ _____		\$ _____	
Will you receive any alimony or spousal support in 2024?	Yes	No	Yes	No
If yes, what will be received in total for 2024?	\$ _____		\$ _____	
Will you make any IRA or KEOGH contributions in 2024?	Yes	No	Yes	No
If yes, what will your 2024 IRA or KEOGH contribution be?	\$ _____		\$ _____	
Will you receive any worker’s compensation in 2024?	Yes	No	Yes	No
If yes, what is your total worker’s compensation for 2024?	\$ _____		\$ _____	
Any other income you will receive in 2024 not already accounted for on this form?	Yes	No	Yes	No
If yes, list what it is and in what amount(s).				

Certification Statement

I hereby certify that all of the information provided on and with this form is true and accurate to the best of my knowledge. I understand that if my situation changes and actual income is ultimately more than I reported on this form, I am obligated to report this to the Financial Aid Office and may be subject to repayment of financial aid received as a result of this application.

Student Signature

Date

Parent Signature (if Dependent Student)

Date

Please return this form to any CCC Financial Aid Office.
Upload through My Financial Aid, email to finaid@cccneb.edu or mail to:
Central Community College Financial Aid; PO Box 4903; Grand Island, NE 68802-4903
Please call 308-398-7555 if you have questions.