2025-2026 Income Reduction Form

Website: financialaid.highline.edu



Where to submit this form: You can submit this form using our <u>Document Upload Form</u>

How to check your status online: Go to your <u>Financial Aid Portal</u> Student Information				
Last Name	First Name	Date of Birth (mm/dd/yyyy)	ctcLink ID Number	
Instructions and Qu	estions			
	e 2025-26 FAFSA incom	ce will review your 2025 income and e information with the provided 2025 Illege.		
begins. Students must Financial Aid Office wil	check their ctcLink Stu I deny the Income Rec	quire the student to provide more info dent Portal Message Center and res duction Request if the student does r er. You will receive an approval or o	spond as instructed. The not respond within 10 days of	
Who Had the Income F Student Student's Spouse Parent or Step Pa				
☐ You quit your job☐ You asked for a r	ed Available Hours o eduction work hours ation: Date of Divorce or	^r Separation:	-	
		written explanation of what caused nours, please provide a detailed exp	•	
Use the space below to TANIF, SECTION 8 Housi		social services you received in 2025. c.	For example, food stamps,	

Required Documentation—SUBMIT ALL DOCUMENTS AT THE SAME TIME

Ensure that all documents have the student's name and ctcLink ID number or	n them.:
 □ Copy of most recent pay stubs for all jobs worked in 2025 and/or; □ Copy of 2025 W2s for all jobs worked in 2025 and/or; □ Copy of completed 2025 1040 Federal Tax Return. □ Year to date of all Unemployment Benefits received in 2025 	
AND	
□ Copy of most recent bank statements that show checking and savings account info□ Copy of severance package	mation
$\hfill \Box$ Copy of termination letter, hour reduction letter, resignation letter, information restime asset	garding the sale of one
NCOMPLETE FORMS THAT DO NOT INCLUDE ALL OF THE ABOVE APPLICABLE DOCUMEN' AUTOMATIC DENIAL OF THE INCOME REDUCTION REQUEST.	IS WILL RESULT IN AN
Signature	
am a Workforce Education funding recipient and I would like the information I provides the Highline College Workforce Education Services Office (WES) if requested by WE YES NO	
I affirm that the information provided in this application and other financial aid docute to the best of my knowledge. I agree that I have reviewed, understand and agree to responsibilities and obligations in order to receive financial aid for the 2025-2026 acan the Conditions of Award, and Satisfactory Academic Progress Policy available on the also understand if I submit all required items after the published deadline, tuition is must provide the progress of the conditions of Award, and Satisfactory Academic Progress Policy available on the also understand if I submit all required items after the published deadline, tuition is must provide the published deadline, to the published deadline it in the published deadline is must provide the published deadline.	o the conditions, demic year as stated in e Financial Aid website. I
Student Signature: Date:	

Provide the following documentation for the person you identified as having the income reduction.

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Students who need disability accommodations should contact Access Services in Building 25, 5th Floor, room 531, email: access@highline.edu, phone: (206) 592-3857 TTY (206) 592-4853, VP (253) 237-1106.