



LOW INCOME STATEMENT

Student Name: _____ SCC ID#: _____

Please fill out the 2015 income statement below using annual/yearly amounts for each source listed, if it does not apply, list zero (\$0). When completed, this worksheet should demonstrate how you were able to support yourself and/or your family in 2015. Please provide all 2015 income information. If you are a DEPENDENT student, you must include parental information. (Please use blue or black ink only).

Table with 3 columns: Sources of Income, 2015 Student and/or Spouse Income, 2015 Parent Income (dependent students). Rows include Earnings from all jobs, Financial Aid received, Social Security/SSI, CalWorks/TANF/CalFresh, Child Support, Alimony, Unemployment, Withdrawals, Cash received, Bills paid, Non-educational Veteran Benefits, and Other income.

If you had LOW income or NO income source for 2015, please explain how you were able to meet your needs for: rent, food, utilities (electricity, water, telephone, etc.), clothing, and essentials. Attach additional pages if needed.

Four horizontal lines for providing an explanation of low or no income.

As certified by the signature(s) below, all information provided by myself or others is true and complete to the best of my/our knowledge. I understand the SCC Financial Aid Office may request additional documentation to verify the above information. If you purposely give false or misleading information on this worksheet, you will be reported to the U.S. Department of Education. You may be fined, sentenced to jail, or both.

NOTE: If you are a dependent student, your parent(s) must also sign this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____