



Student Name: _____ SCC ID#: _____

Please fill out the 2016 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 2016. Please provide all 2016 income information. **If you are a DEPENDENT student, you must include parental information. (Please use blue or black ink only).**

Sources of Income <i>Please Circle all that apply below</i>	2016 Student and/or Spouse Income	2016 Parent Income (dependent students)
Earnings from all jobs (include cash-paying jobs)	\$	\$
Financial Aid received	\$	\$
Social Security / Social Security Disability / Supplemental Security Income (SSI)	\$	\$
CalWorks / TANF / CalFresh (SNAP)	\$	\$
Child Support received	\$	\$
Alimony / Palimony received	\$	\$
Unemployment / Workers Compensation / Disability Compensation	\$	\$
Withdrawals from savings, retirement, and/or trust accounts	\$	\$
Cash received from family and/or friends	\$	\$
Bills (in your name) paid by someone else on your behalf	\$	\$
Non-educational Veteran Benefits	\$	\$
Other income not listed above (Source: _____)	\$	\$

If you had **LOW income or NO income source** for 2016, 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.

As certified by the signature(s) below, all information provided by myself or others is true and complete to the best of my/o ur 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: _____