



Office of Financial Aid

2019-2020

LOW INCOME STATEMENT

Student Name: \_\_\_\_\_ SCC ID#: \_\_\_\_\_

Please fill out the 2017 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 2017. Please provide all 2017 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, 2017 Student and/or Spouse Income, 2017 Parent Income (dependent students). Rows include Earnings from all jobs, Financial Aid received, Social Security, CalWorks, Child Support, Alimony, Unemployment, Withdrawals, Cash received, Bills, Non-educational Veteran Benefits, and Other income.

If you had LOW income or NO income source for 2017, 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.

Three 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: \_\_\_\_\_