

2016 – 2017 Low Income Statement

Student Name

_____Student ID #_____Phone # _____

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

Please Provide ALL sources of income for 2015

Student and/or Spousal Income 2015	Sources of Income Please Circle all that apply below	Parent Income (dependent students) 2015
\$	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, trust accounts	\$
\$	Cash received from family/friends	\$
\$	Bills paid by someone else on your behalf	\$
\$	Non-educational Veteran Benefits	\$
\$	All other income received not listed above Other income:	\$

If you had <u>NO income source or Low income</u> for the 2015 tax year please write an explanation as to how you were able to meet your needs for; <u>rent, food, utilities (electric, telephone, water), clothing & essentials.</u> Attach additional paper if needed.

As certified by the signatures below, all the information provided by others or myself is true and complete to the best of my (our) knowledge. I understand that the Office of Financial Aid 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 Department of Education. You may be fined, sentenced to jail, or both.

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

Student

Date _____

Date _____

Parent_

Attn: Faxed copies will not be accepted. Originals must be submitted

Solano Community College Financial Aid Office 4000 Suisun Valley Road Fairfield, CA 94534-3197