

2019-2020 Student Income Clarification Form

Student's Name _____ Student's ID # _____ Phone _____

Enter your 2017 income & expenses for each line item, if ZERO, write 0 or NA. Blank lines will be considered incomplete.

Line #	STUDENT/SPOUSE INCOME - CALENDAR YEAR 2017	Monthly Amount
1	Wages, Salaries, & Tips (See W-2 for yearly amount & divide by 12)	\$
2	Social Security Benefits/Supplemental Security Income	\$
3	Unemployment Compensation/Worker's Compensation	\$
4	TANF/ADC/AFDC/FIP	\$
5	Food Assistance/SNAP	\$
6	Housing Allowance	\$
7	Child Support/Alimony	\$
8	Day Care Assistance	\$
9	Savings Used to Pay Expenses/Cash Given by Friends or Relatives	\$
10	Veteran Benefits	\$
11	Other: Explain	\$
12	Total Monthly Income	\$

*If someone else provided or paid for your expenses in 2017 list the cost of each expense they paid under "Paid by family/other."

Line #	STUDENT/SPOUSE EXPENSES – CALENDAR YEAR 2017	Monthly Amount Paid by:		
Expenses	Lines 13-17 are Required	Check All That Apply	You	*Family/other
13	Groceries- <i>Must be greater than >0 or check a box</i>	<input type="checkbox"/> Food assist./SNAP <input type="checkbox"/> IHCC meal plan	\$	\$
14	Housing- <i>rent, mortgage, property tax, insurance, Maint. Must be >0, check a box, or complete #15</i>	<input type="checkbox"/> Own home <input type="checkbox"/> Lived in dorm <input type="checkbox"/> Section 8	\$	\$
15	If you had no housing expenses, check who provided your housing & calculate your share of rent paid on your behalf. <i>Divide rent/housing payment by # of occupants</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend/Other:	\$	\$
16	Utilities- <i>cable, phone, natural gas, electric, garbage, etc. Must be >0 or check a box</i>	<input type="checkbox"/> Utilities incl. in rent <input type="checkbox"/> Home energy asst.	\$	\$
17	Personal- <i>clothing, hygiene products, etc. Must be >0</i>		\$	\$
18	Medical/Health Expenses	<input type="checkbox"/> Medical card	\$	\$
19	Transportation- <i>gas, car payment, insurance, bus pass, auto maint., etc.</i>		\$	\$
20	Day Care for Children		\$	\$
21	Child Support Paid		\$	\$
22	Other: Explain		\$	\$
23	Total Monthly Expenses or Bills		\$	\$
24	Did you use a Financial Aid Refund to help with your expenses in 2017?		No	Yes

25 Does "Total Monthly Expenses or Bills," listed above, exceed your "Total Monthly Income?" If so, please explain how you/your family were able to meet your basic needs during 2017. *For example, did you utilize a financial aid refund, Job Corps, or did someone else pay your expenses, etc.*

Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**
 A hand written signature, not typed, is required

Student's Signature (Required) _____ **Date** _____