Clovis Community College

Financial Aid Office
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2019-2020

Student Income/Expense Certification # 28

Student Name: _____ **Student ID#**: _____

Your information as provided on the FAFSA reflects a particularly low income; therefore we must ask you to verify how you are currently meeting your family's current living expenses**.**

Section A: Student Yearly Income

Income earned from the work by student **(Most current W2 or pay stubs required):**	$
Temporary Assistance to Needy Families (TANF)/Welfare benefits: **(Provide current proof of benefits. You may log into https://www.mybenefitscalwin.org/)**	$
Supplemental Nutrition Assistance Program (SNAP)/Food stamps: **(Provide current proof of benefits. You may log into https://www.mybenefitscalwin.org/)**	$
Medi-Cal: **(Provide current proof of benefits. You may log into https://www.mybenefitscalwin.org/)**	$
Woman, Infants, and Children (WIC): **(Provide current proof of benefits.)**	$
Supplemental Security Income (SSI): **(Provide current proof of benefits.) You may log into https://www.ssa.gov/myaccount/)**	$
Other income:	$

Do you receive government housing assistance: Yes _____ No _____

Section B: List of Expenses and Support

Please list your monthly expenses and indicate who pays for the expenses. If you live with someone, only indicate the portion you are responsible for.

Type of Expenses	Monthly expenses	Who pays for the expense?
1. Housing (rent/mortgage)	$	
2. Utilities (gas, electric, phone)	$	
3. Food and household items	$	
4. Childcare	$	
5. Auto and/or transportation (car payments, insurance, gas, repairs and maintenance, bus)	$	
6. Credit Card(s)	$	
7. Medical/Dental (not covered by insurance)	$	
8. Other personal expenses	$	
9. Total monthly expenses (Add lines 1 through 8)	$	
10. Total yearly expenses (Multiply line 9 by 12)	$	

Section C: Student Income Statement

If expenses exceed income, explain how you meet your expenses. If you recently started working please provide a current pay check stub.

I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities.

Student Signature: _____ Date: _____