



2023-2024 Student Income/Expense Certification

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 Fresno, CA 93730

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 Submit 2022 W-2 or Current Pay Stub	\$
Temporary Assistance to Needy Families (TANF)/Welfare benefits Submit current proof of benefits. You can log into https://www.mybenefitscalwin.org/ for documentation.	\$
Supplemental Nutrition Assistance Program (SNAP)/Food Stamps Submit current proof of benefits. You can log into https://www.mybenefitscalwin.org/ for documentation.	\$
Medi-Cal Submit current proof of benefits. You can log into https://www.mybenefitscalwin.org/ for documentation.	\$
Woman, Infants, and Children (WIC) Submit current proof of benefits.	\$
Supplemental Security Income (SSI) Submit 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 Expense	Monthly Expense Amount	Who pays for the expense?
1. Housing (rent/mortgage)	\$	
2. Utilities (gas, electric, phone)	\$	
3. Food and household items	\$	
4. Childcare	\$	
5. Transportation (car payments, insurance, gas, repairs, bus)	\$	
6. Credit Card(s)	\$	
7. Medical/Dental (not covered by insurance)	\$	
8. Other personal expenses	\$	
Total Monthly Expenses (Add Lines 1-8)	\$	
Total Yearly Expenses (Multiply Monthly Expenses by 12)	\$	

Section C: Student Living Arrangements

Please list who you currently live with.

Section D: Student Income Statement

If expenses exceed income, explain how you meet your expenses.

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:** _____