

HIGHLAND COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID

**CONFIRMATION OF INCOME WORKSHEET 2019-2020
DEPENDENT STUDENT**

STUDENT'S NAME _____ **STUDENT ID** _____

PARENT'S NAME _____

The 2017 income which you reported on the 2019-2020 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below. You may be required to provide documentation for all income reported. Incomplete forms will be returned.

Source of Income	Student 2017 Yearly Income	Parent 2017 Yearly Income	Source of Income	Student 2017 Yearly Income	Parent 2017 Yearly Income
Wages - from 2017			Welfare benefits/TANF		
Social Security Income			Money received or paid on your behalf		
Unemployment compensation			Other (specify) _____		
Child Support					
Total Income for 2017 student and parent	\$ (A) _____				

Your Family's 2017 Living Expenses	Amount/Year	Amount paid by your Family	Amount paid on their behalf (someone else paid)	If paid by someone else list the person or agency
Rent/Mortgage				
Utilities				
Food				
Fuel/Transportation				
Other: (list)				
Total Annual Expenses	\$ (B) _____	\$ _____	\$ _____	

If Total Expenses (B) are greater than Total Income (A) provide a statement explaining how the living expenses were paid.

CERTIFICATION

By signing this worksheet, I certify that the information provided above is complete and correct. I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above.

Student: _____ Date: _____

Parent: _____ Date: _____