

HIGHLAND COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID

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

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

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	Amount/year	Source of Income	Amount/Year
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	\$(A)		

Student (and Spouse if married) 2017 Living Expenses	Amount/Year	Amount you paid	Amount paid on your 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: _____