## Hill College

## 2017-2018 Income Certification Form

Student's Information:			
	Last name (printed)	First name (printed)	Student ID

Circle one: Independent Student or Dependent Student (if unsure of your status please contact your financial aid processor)

The income information provided on your 2017-2018 FAFSA reflects a particularly low income therefore; we ask you to verify how your family met living expenses in 2015. <u>There should be no blank or unanswered questions even if the answer is zero.</u>

2015 Household Income and/or Resources	
<ul> <li>W-2 statements</li> <li>Social Security Administration statements</li> <li>Child support enforcement statements</li> <li>Employment Security Commission statements</li> <li>Notarized statement from third party that provided the income or resource</li> <li>Other documentation as requested by the financial aid processor</li> </ul>	Monthly Amount
Income from work (before taxes or deductions)	\$
Unemployment or disability	\$
Child support received	\$
Social Security Benefits	\$
Public Assistance/Subsidized Housing	\$
Veterans Benefits and Housing (non-educational)	\$
Support received from a third party (relatives, friends, other)	\$

Federal Benefits	
In 2015 or 2016 did anyone in your household receive any of the federal benefits listed below?	<b>Answer Yes or No</b>
Free or Reduced Lunch	
SNAP – Supplemental Nutrition Assistance Program	
SSI or SSDI- Supplemental Security Income or Supplemental Security Disability Income	
TANF-Temporary Assistance for Needy Families	
WIC- Special Supplemental Nutrition Program for Women, Infants, and Children	

2015 Monthly Household Expenses	Monthly Paid Amount	Payer's Name	Relationship to Student	Is the bill in your name
Mortgage, Rent, Taxes				
Utilities (water, electric, etc)				
Credit Cards and Loans				
Car Payment, Insurance, Gas				
Groceries				
Cell, Cable, Internet, other				
Child Care Expenses				
Medical, Dental, Vision Insurance				
College Costs (not covered by Financial Aid)				
Personal Expenses (clothing, Entertainment, etc.)				
Other				
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Student's Information	):				
	Last name (printed)	F	irst name (printed)	Student ID	
				ails regarding how the the relationship to yo	e listed living expenses ou.
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There should be no b	olank or unanswered	questions ev	ven if the answer is	zero. Incomplete forn	ns will be returned and
will cause a delay in	processing financial	aid. Before si	gning this form ple	ase check for accuracy	<i>/</i> .
The student and /or	and named /:f the at	udont ic don	andent) must sign	holow cortifuing the a	occuracy of the
information provide  By signing this form,	, I/we certify that all authorize any neede	I the informa d corrections	tion reported on tl to the information	his form is complete a	nd correct. My/our
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