

Hill College  
**2019-2020 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 2019-2020 FAFSA reflects a particularly low income therefore; we ask you to verify how your family met living expenses in 2017. There should be no blank or unanswered questions even if the answer is zero.

2017 Household Income and/or Resources	
<b>Supporting documentation of income may be required upon request:</b> <ul style="list-style-type: none"> <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>	
	<b>Monthly Amount</b>
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	
<b>In 2017 or 2018 did anyone in your household receive any of the federal benefits listed below?</b>	<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	

2017 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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Last name (printed) First name (printed) Student ID

**Please explain how you supported yourself/family in 2017; include details regarding how the listed living expenses were met. If a third party provided resources please give the name and the relationship to you.**


There should be no blank or unanswered questions even if the answer is zero. Incomplete forms will be returned and will cause a delay in processing financial aid. Before signing this form please check for accuracy.

The student and/or one parent (if the student is dependent) must sign below certifying the accuracy of the information provided on this form.

By signing this form, I/we certify that all the information reported on this form is complete and correct. My/our signature(s) below authorize any needed corrections to the information reported on the Free Application for Federal Student Aid (FAFSA) as a result of the verification process.

\_\_\_\_\_  
Student signature Date Parent's signature (if student is dependent) Date

**WARNING: Purposely giving false or misleading information may lead to expulsion, federal fines, and/or federal prosecution.**

*Hill College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies.*

For office use only:


\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Director of Student Information Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date