



Solano Community College

Office of Financial Aid

2013-2014 INCOME STATEMENT

Student Name _____ Student ID # _____ Phone _____

Please fill out the income and expenses worksheet below. When completed, this worksheet should show how you were able to support yourself and/or your family for 2012. ***If you are a dependent student, you must include parental information.*** In all cases, you (or your parents') total yearly income must equal or exceed the total of all expenses recorded. Please complete each section of this form. Incomplete documents will NOT be accepted by our office.

INCOME: Please list all income received in 2012, list **YEARLY** amounts.

	Student	Spouse (if married)	Parent/s or Guardians (including Step-Parent/s) (if dependent)
Earnings from all jobs	_____	_____	_____
Unemployment Compensation	_____	_____	_____
SSI or disability benefits	_____	_____	_____
Welfare, AFDC, ADC, TANF, Food Stamps – (submit FSTAMP form)	_____	_____	_____
Child support received	_____	_____	_____
Cash received from family or friends	_____	_____	_____
Bills paid by someone else on your behalf (total dollar value)	_____	_____	_____
*Support provided by others (Please explain on back)	_____	_____	_____
Financial Aid (total aid received)	_____	_____	_____
Total expected YEARLY income	_____	_____	_____

RETURN TO:

Solano Community College
Financial Aid Office
4000 Suisun Valley Road
Fairfield, CA 94534-3197



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EXPENSES: Please list all expenses incurred in 2012. Be sure to list **Yearly** amounts.

	Student (and Spouse if married)	Parents (if dependent)
Housing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Child support/alimony/palimony paid	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
 TOTAL Yearly expenses	 \$ _____	 \$ _____

If your **yearly expenses** exceed your **yearly income** please write an explanation as to how you were able to meet your needs. Attach additional paper if needed.

As certified by the signatures below, all the information provided by others or myself is true and complete to the best of my (our) knowledge. I understand that the Office of Financial Aid may request additional documentation to verify the above information. If your expenses exceed your income, you may be asked to explain how you are making your monthly payments.

WARNING: If you purposely give false or misleading information on this worksheet, you will be reported to the Department of Education. You may be fined, sentenced to jail, or both.

Note: If you are a dependent student, you and your parent(s) must sign this form. Make sure everything is legible and in blue or black ink.

Student _____ Date _____

Parent _____ Date _____

Attn: Faxed copies will not be accepted. Originals must be submitted.

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