



**RETURN TO:**

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Phone: (714) 628-4876 | FAX: (714) 639-0756

Last First Middle Initial

Student ID#: \_\_\_\_\_

**2019-2020 LOW-INCOME CERTIFICATION - PARENT(S)**

**This form must be completed by the student's parent(s) and refers to the parent(s) income and expenses for 2017.** The parent(s) income information reported on your Free Application for Federal Student Aid (FAFSA) was either **blank, unusually low** OR a **negative amount** for the Adjusted Gross Income on the **2017** Federal Income Tax Return. Upon review of this form, a correction may need to be made to your FAFSA information. Please complete the worksheet below for clarification of how the household was supported for **all of the 2017 calendar year** (January 1, 2017—December 31, 2017). **Regardless of who paid the expenses, all the information below must list all of the expenses for the entire year.**

**PARENT INFORMATION: (You must provide the document that pertains to you).**

- I have attached my (and my spouse's-if applicable) 2017 Federal Tax Return Transcript
- I/we did not file AND I/we are not required to file a 2017 Federal Tax Return. I/we have attached a "Verification of Non-filing letter" from the IRS.

Indicate below the yearly expenses for the **ENTIRE 2017 YEAR**. List **ALL** sources of income including work earnings, Cal-Works, Social Security, Disability, Child Support, Unemployment, etc.

**DO NOT LEAVE BLANKS. ENTER "N/A" (NOT APPLICABLE) OR \$0**

Yearly Expenses for 2017 (Ex: Rent - \$800 x 12 #mo. = \$ 9,600) <u>DO NOT LEAVE BLANKS - N/A or \$0</u>			All Sources of Income for 2017 (Attach any 2017 W-2's) <u>DO NOT LEAVE BLANKS - N/A or \$0</u>	
	Monthly	Total	Total Income	
Rent or Mortgage Payment	\$ _____ x _____ # mo.	\$ _____	Student's Father Income from Work	\$ _____
Property Taxes (if separate)	\$ _____ x _____ # mo.	\$ _____	Student's Mother Income from Work	\$ _____
Utilities (Include: gas, phone, cable, cell, etc.)	\$ _____ x _____ # mo.	\$ _____	Unemployment: <input type="checkbox"/> Father <input type="checkbox"/> Mother	\$ _____
Insurance (Auto, health, other)	\$ _____ x _____ # mo.	\$ _____	SSI/Disability/Workers Comp. <input type="checkbox"/> Father <input type="checkbox"/> Mother	\$ _____
Food	\$ _____ x _____ # mo.	\$ _____	TANF, CalWORKs, WIC, SNAP (Food stamps)	\$ _____
Transportation (Gas, registration, etc.)	\$ _____ x _____ # mo.	\$ _____	Combat Pay/Military Allowance	\$ _____
Entertainment	\$ _____ x _____ # mo.	\$ _____	Credit Cards/Loans	\$ _____
Personal/Other	\$ _____ x _____ # mo.	\$ _____	Financial Aid/Scholarships	\$ _____
Other _____	\$ _____ x _____ # mo.	\$ _____	Other: Family/Friends/Child Support etc.	\$ _____
<b>EXPENSES FOR 2017:</b>			<b>INCOME FOR 2017:</b>	<b>\$ _____</b>

**PARENT INFORMATION CONTINUED: (Check the appropriate box as it pertains to you and/or spouse.)**

Were you or spouse incarcerated in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long in 2017? _____ (mo./year)
Were you or spouse living in another country in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what country? _____ How long? _____
How much did you earn? \$ _____ (In U.S. Dollars)	

If the total of all your expenses for 2017 is greater than the total amount of your income for 2017, you must provide a detailed explanation of how your financial obligations were met. If some or all of your expenses were paid on your behalf, by another person(s), charity or agency, please provide their name(s), their relationship to you and the dollar amount(s) paid on your behalf. If you live with someone else who was providing you with free food and/or allowing you to live with them rent free, provide their name(s) and their relationship to you. We may utilize professional judgment regarding this information to determine how much financial aid you are eligible for and to make the necessary corrections to the FAFSA as needed. (You may attach a separate sheet of paper if necessary.)

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**Certifications and Signatures**

We hereby certify to the best of our knowledge that all information reported on this form and any attachments hereto are true, complete, and accurate. This information will be utilized to determine the student’s financial aid eligibility. We understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid.

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

**OFFICE USE ONLY**

Original EFC: \_\_\_\_\_ Revised EFC: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Non-Discrimination Policy**  
The Rancho Santiago Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics. The Chancellor shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination. No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or because of his or her association with a person or group with one or more of these actual or perceived characteristics. Inquiries regarding compliance and/or grievance procedures may be directed to: **Rancho Santiago Community College District Title IX Officer and Section 504/ADA Coordinator John Didion 2323 N. Broadway Santa Ana, CA 92706 Phone: (714) 480-7489**