

CLOUD COUNTY COMMUNITY COLLEGE

2019-2020

Financial Aid Office • 2221 Campus Drive • Concordia, KS 66901

800-729-5101 ext 281 • Fax 785-243-1839 • finaid@cloud.edu

Low or No Income Form

While reviewing your FAFSA application for the 2019-2020 school year, it was determined that we need additional information. The Student Aid Report indicates an unusually low household income for the 2017 calendar year. Please complete the information below and return to our office as soon as possible so that processing of the application may continue.

Last Name First Name MI

CCCC ID# or SSN Phone Number (include area code)

Parent Last Name First M.I. Phone Number (include area code)

Use 2017 CALENDAR YEAR TOTALS ONLY. Do not leave any items blank; enter \$0 or the amount.

	Student Yearly Amounts		Parent Yearly Amounts
Wages, Salaries, Tips, etc.	\$ _____	Wages, Salaries, Tips, etc.	\$ _____
Child Support Received	\$ _____	Child Support Received	\$ _____
Workers' Compensation	\$ _____	Workers' Compensation	\$ _____
Social Security Benefits	\$ _____	Social Security Benefits	\$ _____
Type: _____		Type: _____	
Unemployment	\$ _____	Unemployment	\$ _____
Welfare/TANF (cash assistance)	\$ _____	Welfare/TANF (cash assistance)	\$ _____
Veteran's Benefits	\$ _____	Veteran's Benefits	\$ _____
Type: _____		Type: _____	
Student Financial Aid	\$ _____	Student Financial Aid	\$ _____

In 2017 any money received or paid on the student's behalf such as rent, utilities, cell phone, insurance and/or car payments.

Type of Bill _____	Yearly Amount _____	Who Paid _____
Type of Bill _____	Yearly Amount _____	Who Paid _____
Type of Bill _____	Yearly Amount _____	Who Paid _____

Note: Please provide an explanation of how you were supported in 2017 (all information remains confidential).

(attach a separate sheet if more space is needed)

*******Please sign and complete second page with current tax year information*******

Low or No Income Form

If a line is left blank, you are certifying you have received no income of that kind.

List Estimated Income for 2019		
Sources of Taxable Income	Student &/or Spouse	Parent(s)
	Estimated Income for 2019 tax year	Estimated Income for 2019 tax year
Estimated 2019 Gross Earnings from Work / Student		
Estimated 2019 Gross Earnings from Work / Spouse		
Estimated 2019 Gross Earnings from Work / Father		
Estimated 2019 Gross Earnings from Work / Mother		
Severance Pay		
Unemployment Compensation		
Business Income		
Interest or Dividend Income		
Rental Income		
Farm/Ranch Net Income		
Capital Gains		
Taxable Pension and/or Annuity Income		
IRA/Retirement Account Withdrawals		
Taxable Social Security Benefits/Disability		
Workmen's Compensation		
Alimony Received		
Sources of Untaxed Income		
Child Support Received for all in the household		
Housing, food and other living allowances paid to you		
Veterans non-education benefits, such as disability, death pension, or dependency & indemnity compensation		
Other Untaxed Income		
Money Received or Paid on your behalf not reported elsewhere on this form		
Welfare/TANF Cash Assistance		

SIGN THIS WORKSHEET Each person signing this form certifies that all the information reported on it is complete and correct. **If Dependent, the student and at least one parent must sign and date the form.**

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

 Student Signature

 Date

 Parent Signature (Required for Dependent Student) Date