Cloud County Community College Financial Aid Office

2021-2022 Academic Year – Low or No Income Form

2221 Campus Drive Concordia, KS 66901 • 800-729-5101 Ext. 280 • Fax 785-243-1839
finaid@cloud.edu • https://mappingyourfuture.org/MappingXpress/cccc/ Passcode: Cloud65

While reviewing your FAFSA application for the 2021-2022 school year, it was determined that we need additional information. The Student Aid Report indicates an unusually low household income for the 2019 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 2019 Calendar Year totals only on this page.

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 2019 - 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 2019 (**all information remains confidential**).

_____

_____

_____

(Attach a separate sheet if more space is needed)

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*******Please sign and complete PAGE 2 with CURRENT TAX YEAR information*******
If a line is left blank, you are certifying you have received no income of that kind.

List Estimated Income for 2021		
Sources of Taxable Income	**Student &/or Spouse**	**Parent(s)**
	Estimated Income for 2021 tax year	**Estimated Income for 2021 tax year**
Estimated 2021 Gross Earnings from Work / Student		----------
Estimated 2021 Gross Earnings from Work / Spouse		----------
Estimated 2021 Gross Earnings from Work / Father	----------	
Estimated 2021 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. Please note that we cannot accept electronic signatures. This form will need to be printed out and signed before it is submitted to our office.**

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