



# 2019-2020 INCOME CERTIFICATION FORM #26

Reedley College: (559) 638-0312    Oakhurst CCC: (559) 683-3940    Madera CCC: (559) 675-4800    Email: reedley.financialaid@reedleycollege.edu

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

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

The income reported on your FAFSA appears unusually low and insufficient to support your household size. Please complete ALL sections below. If you were required to provide parent information on your FAFSA, answer the questions below as they apply to you and your parents and your parent must sign the form; if you were not required to provide parent information on your FAFSA, answer the questions below as they apply to yourself (and your spouse if you are married).

The information collected on this form may differ from the information you originally reported on your FAFSA. Some resources may not be considered when calculating your financial aid eligibility, but will be used to verify financial support for your household. If any item does not apply, enter N/A or \$0.

**DO NOT LEAVE ANY SECTIONS BLANK.** Incomplete forms will be returned and will delay processing.

**A. Housing, food and other living allowances paid to members of the military, clergy, and others** – List any payments and/or the cash value of benefits received by any family member that is military, clergy, etc. Include the value of on-base military housing (BAH) and the value of a basic military allowance for housing (BAS).

Name of Person Who Received the Benefit	Type of Benefit Received	Amount of Benefit Received in 2017

**B. Veteran education and non-education benefits** – List all veterans education benefits received from the Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, or the Post-9/11 GI Bill. Also include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and VA Educational Work-Study allowances.

Name of Person Who Received the Benefit	Type of Veterans Benefit Received/Chapter	Amount of Benefit Received in 2017

**C. Child Support received** – List the actual amount of child support received for children in your household.

Name of the Adult Who Received the Child Support Payment	Name of the Child For Whom the Payment Was Made	Total Amount of Child Support Received in 2017



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**D. Money received or paid on the student's behalf** – List any other money received or paid on the student's behalf that is not reported elsewhere on this form. For example, if someone is paying the student's rent, utilities, bills, or gives the student cash, gift cards, etc., list the total amount that person paid, *unless the person is the student's parent whose information is reported on the student's FAFSA.*

Name and Relationship of the Person Who Gave the Payment	Type of Payment (e.g. Cash, Rent, Utilities)	Amount of Support Received in 2017

**E. Additional Income Information** – List any other resources/benefits received by the student and any other members of the student's household. This may include, but is not limited to: SNAP, Temporary Assistance to Needy Family's (TANF), WIC, payments from worker's compensation, disability, financial aid, student loans, Social Security Benefits, SSI, combat pay, Workforce Investment Act educational benefits, etc.

Name of the Person Who Received the Resource/Benefit	Type of Resource/Benefit	Amount of Resource/Benefit Received in 2017

**F. Explanation of Support** – In the space provided below, explain how your family was financially supported in 2017. You should mention here if you received low-income or free housing/rent, reduced or free utilities, or utilized any other sources for basic living expenses not listed above.

**G. Certification and Signature** – By signing below, I certify that the information reported on this form is true and complete to the best of my knowledge. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid funds. I understand that, if requested, I will provide verification of the information reported on this form before my financial aid can be processed.

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

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