

RETURN TO:

**Santiago Canyon College
Financial Aid Office, E-104
8045 E. Chapman Avenue
Orange, CA 92869
(714) 628-4876**

Name of Financial Aid Applicant <i>(Please Print)</i>		
_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>
Student ID #: _____		

PARENT LOW INCOME CERTIFICATION

The income information you reported on the FAFSA application for your parents was either blank, unusually low OR your parents have reported a negative Adjusted Gross Income on their 2010 taxes. In order to determine eligibility for financial assistance, it is essential that we obtain additional information about your income and expenses/obligations. A correction may need to be made to your FAFSA information upon review of this information. Please complete the worksheet below for clarification of how you supported yourself and your dependents for the **2010 calendar year** (January 1, 2010—December 31, 2010).

PARENT INFORMATION: *(Check which document/s you will provide)*

<input type="checkbox"/> Attached is a signed photocopy of my (and my spouse's) 2010 Federal Income Tax Return, including ALL schedules.	<input type="checkbox"/> I <u>did not</u> file and I am not required to file a 2010 Federal Income Tax Return. Attached is "proof of my non-filing status" obtained from the IRS. To request a copy of this to be sent to you, call 1 (800) 829-1040.
---	---

PARENT INFORMATION: *(Check one)*

- Were you incarcerated during 2010? Yes No If yes, for how many months in 2010? _____
- Were you living in another country in 2010? Yes No If yes, what country _____
- How many months were you living there? _____ How much did you earn? \$ _____ (in U.S. dollars)

Indicate below the yearly expenses for the ENTIRE year of 2010. List all sources of income including work earnings, CalWORKs, Social Security, Disability, Child Support, Unemployment, etc. **Put -0- if none. Do not leave blanks. If the information does not pertain to your parents, write zero.**

Yearly Expenses for the year of 2010 (January 1, 2010 - December 31, 2010)		ALL Sources of Income for year of 2010 (January 1, 2010 - December 31, 2010)	
Rent or Mortgage Payment	\$	Mother's income from work	\$
Property taxes (if separate)	\$	Father's income from work	\$
Utilities (gas, phone, electric, water, cell phone, cable, etc.)	\$	Unemployment: <input type="checkbox"/> Mother <input type="checkbox"/> Father	\$
		SSI/Disability	\$
Insurance (auto, health, other)	\$	TANF, CalWORKs	\$
Food	\$	Food Stamps/WIC	\$
Medical/Dental	\$	Combat Pay (attach W-2's)	\$
Transportation (gas, maintenance, registration, bus fare etc.)	\$	Military Living Allowance	\$
		Credit Cards/Loans	\$
Entertainment	\$	Financial aid/Scholarships	\$
Personal/Other (Itemize below)	\$	Family/Friends/Church/Charitable Agencies	
Other _____	\$	Other _____	\$
Other _____	\$		
EXPENSES TOTAL FOR 2010	\$	INCOME TOTAL FOR 2010	\$

PLEASE SEE ADDITIONAL INSTRUCTIONS ON THE REVERSE SIDE.

If the total of all your expenses for 2010 is greater than the total of your all your income for 2010, 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 paid 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. (You may attach a separate sheet of paper if necessary.)

I hereby certify to the best of my 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. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Original EFC: _____ Revised EFC: _____ Staff: _____ Date: _____

Comments: _____
