



## 2024-2025 LOW INCOME VERIFICATION FORM

The CCC Student Financial Services Office is requesting that you complete this form because you either reported no income or very low income on the FAFSA application (Free Application for Federal Student Aid). Please complete all sections of this form. **Do not leave any items blank.** Enter '0' if applicable.

Student Name \_\_\_\_\_ C# \_\_\_\_\_

**Dependent students** report total amounts for the parent(s) listed on the FAFSA, and yourself, if applicable.  
**Independent students** report amounts for student and spouse (if married).

### Section A: Untaxed Benefits

*Please check if you or anyone in your household received any of the following during 2022:*

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid or Supplemental Security Income | <input type="checkbox"/> TANF or other cash benefits                         |
| <input type="checkbox"/> Social Security Disability Income        | <input type="checkbox"/> SNAP  |
| <input type="checkbox"/> Social Security Survivor's Benefits      | <input type="checkbox"/> WIC   |
| <input type="checkbox"/> Social Security Retirement Income        | <input type="checkbox"/> Free or Reduced School Lunch                        |
| <input type="checkbox"/> CHIP (Child Health Insurance Program)    | <input type="checkbox"/> No other source of cash assistance received in 2022 |

### Section B: Other Sources of Financial Assistance

*Please check if you or anyone in your household receive cash assistance from any other source not listed on this form.*

#### Source of cash in 2022:

- Yes, from child support payments
- Yes, from a spouse, significant other or friend
- Yes, from parents or other family members
- Yes, from an outside agency or provider

#### Monthly Amounts:

- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_

### Section C: Living Expenses

*If you reported nothing in the sections above, you must provide an explanation as to how your living expenses were paid. Normally a student and his/her family must pay expenses for basic living costs of housing and food. Please explain below.*

I certify that the above information is correct. I understand that processing of my application cannot continue until the Student Financial Services Office receives this information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if Dependent Student)

\_\_\_\_\_  
Date