



Student Financial Services Office • 197 Franklin St. Auburn, NY 13021

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2026-2027 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 2024:

_____ Medicaid or Supplemental Security Income	_____ TANF or other cash benefits
_____ Social Security Disability Income	_____ SNAP
_____ Social Security Survivor's Benefits	_____ WIC
_____ Social Security Retirement Income	_____ Free or Reduced School Lunch
_____ CHIP (Child Health Insurance Program)	_____ No other source of cash assistance received in 2024

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 2024:

_____ 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