

SANTA MONICA COLLEGE – FINANCIAL AID OFFICE

Income Verification

2018-2019

SECTION A: STUDENT INFORMATION

Last Name	First Name	SMC ID
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SECTION B: SOURCES OF INCOME AND MONTHLY EXPENSES

List **ALL** sources of income received and an average of all expenses for the 2016 calendar year (from January 1, 2016 through December 31, 2017). Do not include income earned from work. If any source of income was due to a one-time event, please explain the circumstances in a separate typed, signed and dated statement.

ANNUAL INCOME		MONTHLY EXPENSES	
Rental Income:	\$ _____	Rent/Mortgage:	\$ _____
Interest/Divided Income:	\$ _____	Utilities (water, gas, electricity):	\$ _____
Withdrawals from Pensions/Annuities:	\$ _____	Telephone:	\$ _____
Severance Pay:	\$ _____	Transportation (car payments, gasoline):	\$ _____
Child Support Received:	\$ _____	Child Support Payments:	\$ _____
Alimony:	\$ _____	Food/Groceries:	\$ _____
Unemployment Benefits:	\$ _____	Clothing/Personal Care:	\$ _____
Veteran's Benefits (non-educational):	\$ _____	Other monthly expenses:	\$ _____
Social Security Benefits:	\$ _____		
Temporary Aid For Needy Families (TANF):	\$ _____	TOTAL MONTHLY EXPENSES:	\$ _____
SNAP Benefits (Food Stamps):	\$ _____	(add all monthly expenses)	
Disability Benefits (SSI or SSDI):	\$ _____		
Cash Support from relatives or others:	\$ _____		
All other income not previously reported:	\$ _____	TOTAL EXPENSES FOR 2016:	\$ _____
TOTAL INCOME FOR 2016:	\$ _____	(multiply the total monthly expenses by 12)	

SECTION D: NET INCOME EXPLANATION

If monthly expenses (multiplied by 12) exceed annual income OR if you listed all zeroes in Section B, please explain how you met your living expenses. If monthly expenses do not exceed income, please type N/A. **No handwritten forms will be accepted.**

SECTION E: CERTIFICATION AND SIGNATURES

- I certify that all the information which I have provided on this form is complete and correct to the best of my knowledge.
- I understand that if I purposely provide false or misleading information, I may be fined, be sentenced to jail or both; and it may be cause for denial, and/or repayment of financial aid funds.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(parent signature required for dependent students only)