TIDEWATER COMMUNITY COLLEGE
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Income Certification 2016-17

Student Name:_____ Social Security: XXX-XX_____ Student ID:_____
(last four digits only)

Upon reviewing the results of your Free Application for Federal Student Aid (FAFSA), we note that your income is unusually low. Please complete the following information so that we may determine how you supported yourself and/or your dependents.

Do you and your dependents live with your (or your spouse's) parents? Yes No

Do you and your dependents live with someone other than a parent who provides for your basic necessities (food, shelter, clothing, etc.)? Yes No

If yes, please list the people who provide support and your relationship to them:

Name	Relationship to Student

Do you (or your spouse) currently receive any of the following:

TANF	Yes	No	Medicaid	Yes	No
Food stamps	Yes	No	Section 8 housing/Public Housing	Yes	No
WIC	Yes	No	Daycare assistance	Yes	No
Untaxed Social Security Benefits	Yes	No			
If yes to untaxed Social Security Benefits above, please provide the estimated amount for 2016. ***$***_____					

Please describe any other assistance that you receive:_____

_____

Are you (your spouse) currently employed? Yes No

If yes, what are your (your spouse) total estimated wages for 2016?_____

Does someone pay bills in your (your spouse's) name on your behalf? Yes No

If yes, what is the total estimated amount paid on your behalf?_____

If you (your spouse) have additional information related to how you financially support yourself or your dependents, please explain:

_____

_____

My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

Student Signature_____ Date_____