



**Financial Aid Office**  
 1101 E University Ave  
 Fresno, CA 93741  
 Phone: (559) 442-8245  
 Fax: (559) 499-6024

**2016-2017**

**Student Income/Expense Certification # 8**

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

Your information as provided on the FAFSA reflects a particularly low income therefore; we must ask you to verify how your family met living expenses for the 12 month period of **January 1, 2015 to December 31, 2015.**

**Section A: Student Yearly Income**

Income earned from the work by student ( <b>W2's required</b> ):	\$
Temporary Assistance to Needy Families (TANF)/Welfare benefits: <b>(Provide current proof of benefits. You may log into <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a>)</b>	\$
Supplemental Nutrition Assistance Program (SNAP)/Food stamps: <b>(Provide current proof of benefits. You may log into <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a>)</b>	\$
Medi-Cal: <b>(Provide current proof of benefits. You may log into <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a>)</b>	\$
Woman, Infants, and Children (WIC): <b>(Provide current proof of benefits.)</b>	\$
Supplemental Security Income (SSI): <b>(Provide current proof of benefits.) You may log into <a href="https://www.ssa.gov/myaccount/">https://www.ssa.gov/myaccount/</a>)</b>	\$
Other income:	\$

Do you receive government housing assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

**Section B: List of Expenses and Support for 2015**

Please list the monthly expenses and indicate who paid for the expenses during the 2015 calendar year. If you lived with someone, only indicate the portion you were responsible for.

Type of Expenses	Monthly expenses from January 1, 2015 to December 31, 2015	Who paid for the expense?
1. Housing (rent/mortgage)	\$	
2. Utilities (gas, electric, phone)	\$	
3. Food and household items	\$	
4. Childcare	\$	
5. Auto and/or transportation (car payments, insurance, gas, repairs and maintenance, bus)	\$	
6. Credit Card(s)	\$	
7. Medical/Dental (not covered by insurance)	\$	
8. Other personal expenses	\$	
9. Total monthly expenses (Add lines 1 through 8)	\$	
10. Total yearly expenses (Multiply line 9 by 12)	\$	

**Section C: Student Income Statement**

If expenses exceed income, explain how you met your expenses. If you recently started working please provide a current pay check stub.

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I hereby declare that all information reported on this document is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid and referral to the appropriate authorities.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_