

Financial Aid Office 16000 E. CentreTech Parkway Aurora, CO 80011 FinancialAid@CCAurora.edu P: 303-360-4709 F: 303-361-7401 www.CCAurora.edu

S	
	Student's CCA ID Numbe

2023-2024 Dependent Student Statement of Income

Entire Form must be completed in black ink.

Student's Printed Name: _				Phone Num	nber:_		
need clarification on how you	ur parent(s) su	pported people	in you	that you and your parent(s)' i ur household financially in 202 enses for the calendar year 202	1. In th		=
2021 Income: How much did yo	u earn in 2021?	Do not leave any	boxes	blank. If an item is not applicable,	please	write \$0.	
	Student	Parent				Student	Parent
Earnings from work			Pe	ension/ retirement			
Unemployment			Ch	nild support received			
compensation							
Disability benefits			_	oney from financial aid			
Social security benefits				oney from relatives/ friends/ oth	ers		
VA benefits				ANF .			
WIC				ood Stamps/ SNAP			
Other			Ple	ease specify source:			
				ly supported you, indicate the tota v boxes blank. If an item is not app			
	ent's Total unt paid in 2021		Parent's Total amount paid in 2021	nount If you or your parent(s) did not pay, please explain who paid on your behalf and how much was paid.			
Housing: mortgage, rent, secti	on 8						-
Food							
Utilities							
Transportation (car paym car insurance, gas, bus pass							
Phone bill							
Personal expense							
Medical expense							
Child care							
Credit card							
Others							
information could result in crimi	nal prosecution only pay for the	, prison sentence	e, and/o	e and accurate. I understand that per a fine pursuant to U.S. Criminal ar declared major. Please refer to	Code aı	nd Colorado Crim	ninal Code.
Student Signature				Date: _			
Parent Signature:				Date:			