



S \_\_\_\_\_  
 Student's CCA ID Number

**2023-2024 Independent Student Statement of Income**  
*Entire Form must be completed in black ink.*

Student's Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In reviewing your application for financial aid, we have identified that your income reported is very low, and we need clarification on how you supported yourself and other people in your household financially in 2021. **In the fields below, please complete ALL boxes to indicate the sources of income and expenses for the calendar year 2021.**

**2021 Income:** How much did you earn in 2021? Do not leave any boxes blank. If an item is not applicable, please write \$0.

	Student	Spouse		Student	Spouse
Earnings from work			Pension/ retirement		
Unemployment compensation			Child support received		
Disability benefits			Money from financial aid		
Social security benefits			Money from relatives/ friends/ others		
VA benefits			TANF		
WIC			Food Stamps/ SNAP		
Other			Please specify source:		

**2021 Expenses:** How much did you spend in 2021? If someone financially supported you, indicate the total amount **paid on your behalf** in 2021 and explain who provided support. Do not leave any boxes blank. If an item is not applicable, please write \$0.

	Total amount paid in 2021	If you did not pay, please explain who paid on your behalf
Housing: mortgage, rent, section 8		
Food		
Utilities		
Transportation (car payment, car insurance, gas, bus pass)		
Phone bill		
Personal expense		
Medical expense		
Child care		
Credit card		
Others		

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

**IMPORTANT:** *Financial Aid can only pay for the classes required by your declared major.* [Please refer to your degree check or make an appointment with your advisor.](#)

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

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_