

2024-2025 Parent Federal Benefits Form

S _____
Student's CCA ID Number

Student Name: _____ **Phone Number:** _____

Purpose of Form

The Federal Benefits Form is requested because you reported on the Free Application for Federal Student Aid (FAFSA) that one of your parent(s) in your household received funding from one or more of the following federal programs at any time during the 2022 and or 2023 calendar year: Medicaid or Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), or Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

General Instructions

Please review each federal program and **check either “yes” if you received the benefit, or “no” if you did not receive benefits in 2022 and/or 2023.** Only individuals who are included in your or your FAFSA family size may be listed on this form.

Your Financial Aid Office may request third-party documentation to confirm the information you report on your Federal Benefits Received Form. Should you or a parent submit a form with incorrect information, you must also submit third-party documentation to confirm the correct information.

Did any parent(s) in your household receive the following Federal benefits in either 2022 or 2023?	Yes	No
Medicaid or Supplemental Security Income (SSI) – i.e., <i>not</i> SSDI or Social Security retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced Price School Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION STATEMENT: I certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may face legal consequences and my financial aid may be terminated.

The student and parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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.*

The Community College of Aurora prohibits all forms of discrimination and harassment including those that violate federal and state law, or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. The Community College of Aurora will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.