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<u></u>	Student's CCA ID Number

2025-2026 Dependent Student Statement of Income

Entire Form must be completed in black ink.

Student's Printed Name:				Phone Number:				
need clarification on how you complete ALL boxes to indicate	ur parent(s) sunte the source	upported people in es of income and	n you expe i	that you and your parent(s)' in household financially in 2023 nses for the calendar year 202	3. In th 2 3.	e fields below	-	
2023 Income: How much did you	1	-	oxes t	plank. If an item is not applicable,	please	1		
	Student	Parent				Student	Parent	
Earnings from work				nsion/ retirement				
Unemployment compensation			Cn	ild support received				
Disability benefits			NA	oney from financial aid				
Social security benefits			Money from relatives/ friends/ others					
VA benefits			TA					
WIC				od Stamps/ SNAP				
Other			Please specify source:			1		
	who provided s	upport. Do not leav	e any	y supported you, indicate the tota boxes blank. If an item is not app Parent's Total amount	licable,	please write \$0.	(s) did not pay,	
		amount paid in 2023		Dalu III 2023		ase explain who paid on your alf and how much was paid.		
Housing: mortgage, rent, section	on 8							
Food								
Utilities								
Transportation (car payme car insurance, gas, bus pass								
Phone bill								
Personal expense								
Medical expense								
Child care								
Credit card								
Others								
information could result in crimi	nal prosecutior only pay for the	n, prison sentence, a	and/o	and accurate. I understand that practice and accurate and the practice and the pursuant to U.S. Criminal or declared major. Please refer to	Code ar	nd Colorado Crim	ninal Code.	
Student Signature				Date: _				
Parent Signature:				Date: _			LIDODD	

Rev. 3/12/25 BV