

2014 – 2015 Low Income Verification Worksheet: Parent

Financial Aid

Print Student Name CCCC ID # or SSN				
	The Financial Aid Office is requesting you comvery low income on the Free Application for Fe			
	Complete all sections of this form. Do not leave	e any items blank. Ente	er 0 if applicable.	
A.	UNTAXED BENEFITS			
Check if the parent(s) listed on the 2014-2015 FAFSA received any of the following during 2013:				
	Supplemental Security Income	☐ TANF or other cash	welfare benefits	
	Social Security Disability Income	☐ SNAP/Food Stamp	S	
	Social Security Survivor's Benefits	□ WIC		
	Social Security Retirement Income	☐ Free/Reduced Scho	ool Lunch	
В.	EARNINGS FROM WORK			
Please check the appropriate box below:				
	My parent(s) filed a 2013 Federal Tax Return. Attach a 2013 IRS Tax Return Transcript or use the FAFSA IRS Link.			
	My parent(s) was not employed and had no income earned from work in 2013.			
	My parent(s) was employed in 2013, but is <u>not required</u> to file a 2013 Federal Tax Return. Listed below are the names of all employers, the amount earned from each employer in 2013, and whether an IRS W-2 form is attached. Attach copies of all 2013 W-2 forms.			
	Employer's Name	2013 Amount	IRS W-2	
	Suzy's Auto Body Shop (example)	Earned \$2,000.00	Attached? Yes	
	Cally a riate Body Grief (Grampio)	φ2,000.00	7.00	
C.	OTHER SOURCES OF FINANCIAL ASSISTANCE			
In 2013, did your parent(s) receive cash assistance from any source not listed on this form?				
		Monthly amount	2013	
	Yes, from child support payments.	\$	_	
	Yes, from a spouse, significant other, or friend.	\$	_	
	Yes, from parents or other family members.	\$		
	Yes, from work not listed above.	\$		
	Yes, from an outside agency or provider.	\$		
	☐ Did not receive any of these sources of financial assistance.			

D. LIVING EXPENSES

Please list your parent(s) monthly living expenses. Do not leave blank – enter "0" if appropriate.

	Monthly 2013 Amount	Source of payment			
Housing	\$				
Food	\$				
Transportation					
Car payment	\$				
Car insurance	\$				
Gas	\$				
Bus	\$				
Other (explain)	\$				
Health care	\$				
Child care (if applicable)	\$				
Other expenses	\$				
E. ADDITIONAL RESC	DURCES				
Zi /IDDITION/IZ KZOC	70.1020				
F. SIGNATURES					
Please review – provide responses in all sections of this form.					
Enter "0" or N/A (for	➤ Enter "0" or N/A (for Not Applicable) if appropriate.				
Incomplete forms wi	, , , , , , , , , , , , , , , , , , , ,				
The information provided on	this form is complete and correct	et to the best of our knowledge.			
Student Signature		Date			
Parent Signature		Date			
	Return completed forn				
Cape Cod Community College					
Financial Aid Office					
	2240 Iyannough Roa				
	West Barnstable, MA 0266 Phone: (508) 362-2131, E				
	Fax: (508)375-4026				
	finaid@capecod.edu				

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Revised: March 14, 2014