



Statement of income for the calendar year ending December 31, 2015

Please provide information about any other resources, benefits, and other amounts of income received by the parent and any members of the parent’s household. This may include items that were not required to be reported on the FAFSA, or other forms submitted to the Financial Aid Office such as federal Veterans’ Education Benefits, military housing, SNAP, TANF, etc. Please itemize income below.

Student name (print clearly)

COCC ID number

List sources and total amounts received during the 2015 year. Include any aid, benefits, or income from other people who helped support your parent. Include any cash gifts received or any other support received. If you receive subsidized housing and federal or state assistance with utilities, please state them below. Please indicate **all** that apply to your parent’s situation and estimate the total amount of assistance received in 2015.

If the answer is zero or the question does not apply to you, enter 0.

Source of income or support for parent.	2015 annual amount
Wages from employment or work	\$
Unemployment benefits	\$
Alimony received	\$
Social Security Income including Social Security Disability.	\$
Student Financial Aid Refunds	\$
Other:	\$

Source of State or Federal benefit for household.	2015 annual amount
Supplemental Nutrition Assistance Program (SNAP)	\$
HUD Housing	\$
Heating/Fuel Assistance	\$
Temporary Assistant for Needy Families (TANF)	\$
WIC/Free lunch for children	\$
Other:	\$

2015 Untaxed Income * * If the answer is zero or the question does not apply to you, enter 0 * *	Student	Parent(s)
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Do not include amounts reported as DD.	\$	\$
Child support that you received for all children during 2015. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.	\$	\$
Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-based military housing or the value of a basic military allowance for housing.	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported, such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from 1040-line 25, Railroad Retirement Benefits, etc. Do not include extended foster care aid, student aid, Earned Income Credit, Additional Child Tax Credit, TANF payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	\$
Money received or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. Also include distributions to you (the student beneficiary) from a 529 that is owned by someone other than you or your parents. Please list source:	\$	\$

Parent - You may provide any additional information about how your family's basic needs were met in 2015.

By signing this form, I certify the information reported is true and accurate. The student and parent must sign and date. Adobe or signature type fonts will not be accepted.

Student signature

Date

Parent signature

Date

Financial Aid Office
 541-383-7260 • fax: 541-383-7506
 2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Reviewer use only
 Sequence _____
 Date _____
 Initial _____