



To the parent:

This student has indicated that he/she has not provided parental income information on the Free Application for Federal Student Aid (FAFSA). The student indicated that the parent(s) has refused to provide the information that may allow for a better financial aid package **and** do not contribute either directly or indirectly to the student's support. Please review the following information and answer these questions.

Direct Support:

- | | | |
|-----------------------|-----------------------|--|
| Yes | No | |
| <input type="radio"/> | <input type="radio"/> | I (we) provide food, shelter and/or clothing for the student. |
| <input type="radio"/> | <input type="radio"/> | I (we) pay bills on behalf of the student and/or provide cash support. |
| <input type="radio"/> | <input type="radio"/> | I (we) have/will incurred a loan obligation or made payments to assist the student with educational or other expenses. |

Indirect Support:

- | | | |
|-----------------------|-----------------------|---|
| Yes | No | |
| <input type="radio"/> | <input type="radio"/> | I (we) include the student on a medical insurance policy. |
| <input type="radio"/> | <input type="radio"/> | I (we) include the student on an automobile policy. |
| <input type="radio"/> | <input type="radio"/> | I (we) include the student on a family cell phone plan. |

If answered 'No' to all, please provide the date support ended. _____
MM/YYYY

- I understand by indicating that if the parent does not provide support in any of the areas listed above, that COCC will process this student's financial aid for a Federal Direct **Unsubsidized** loan only.
- I understand that this student will not be eligible for Federal or State grant funding, a Federal Direct Subsidized loan or any other need based aid.

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

Student name printed

COCC ID number

Student signature

Date

Parent signature

Date