



Clarification of income for the calendar year ending December 31, 2019

Please provide information about any income received by you and any members of your household. This may include items that were not required to be reported on the FAFSA®. Please use the table below to report annual amounts during the 2019 year. **If the answer is zero or the question does not apply to you, enter 0.**

Student name (print clearly)

COCC ID number

| ** If the answer is zero or the question does not apply to you, enter 0 ** | Student | Spouse |
|---|----------------|---------------|
| Education credits (American Opportunity Tax and Lifetime Learning Tax Credit) from IRS Form 1040 schedule 3 line 3. | \$ | \$ |
| Child support paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household. | \$ | \$ |
| Earnings from work under a cooperative education program offered by a college. | \$ | \$ |
| Taxable earnings from need-based employment programs, such as Federal Work-Study, and need-based employment portions of fellowships and assistantships. | \$ | \$ |
| Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ | \$ |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do include untaxed combat pay. | \$ | \$ |
| 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. | \$ | \$ |

| ** If the answer is zero or the question does not apply to you, enter 0 ** | Student | Spouse |
|---|----------------|---------------|
| IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 schedule 1 total of lines 15 + 19. | \$ | \$ |
| Child support received for any children during the year. Do not include foster care, or adoption payments, or any amount that was court-ordered but not actually paid. | \$ | \$ |
| Tax exempt interest income from IRS Form 1040 line 2a. | \$ | \$ |
| Untaxed portions of IRA distributions and pensions from IRS Form 1040 (lines 4a + 4c) minus (lines 4b + 4d). Exclude rollovers. If negative, enter zero. | \$ | \$ |
| Other untaxed income not reported, such as worker's compensation, disability, untaxed foreign income, etc. Include untaxed portions of health saving accounts from 1040 schedule 1 line 12. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity 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 or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. | \$ | \$ |
| 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 noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ | \$ |

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

Student 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 _____