

2020-2021 Parent Income Clarification Form

Student's Name _____ Student's ID # _____ Phone _____

Enter your 2018 income & expenses for each line item, if ZERO, write 0 or NA. Blank lines will be considered incomplete.

Line #	PARENT INCOME - CALENDAR YEAR 2018	Monthly Amount
1	Wages, Salaries, & Tips (See W-2 for yearly amount & divide by 12)	\$
2	Social Security Benefits/Supplemental Security Income	\$
3	Unemployment Compensation/Worker's Compensation	\$
4	TANF/ADC/AFDC/FIP	\$
5	Food Assistance/SNAP	\$
6	Housing Allowance	\$
7	Child Support/Alimony	\$
8	Day Care Assistance	\$
9	Savings Used to Pay Expenses/Cash Given by Friends or Relatives	\$
10	Veteran Benefits	\$
11	Other: Explain	\$
12	Total Monthly Income	\$

*If someone else provided or paid for your expenses in 2018 list the cost of each expense they paid under "Paid by family/other."

Line #	PARENT(S) EXPENSES – CALENDAR YEAR 2018 <small>Expenses Lines 13-17 are Required</small>	Check All That Apply	Monthly Amount Paid by:	
			You	*Family/other
13	Groceries- <i>Must be greater than >0 or check box</i>	Food assist./SNAP	\$	\$
14	Housing-rent, mortgage, property tax, insurance, Maint. <i>Must be >0, check a box, or complete #15</i>	Own home		
		Section 8	\$	\$
15	If you had no housing expenses, check who provided your housing & calculate your share of rent paid on your behalf. <i>Divide rent/housing payment by # of occupants</i>	Parent		
		Relative		
		Friend/Other:	\$	\$
16	Utilities-cable, phone, natural gas, electric, garbage, etc. <i>Must be >0 or check a box</i>	Utilities incl. in rent		
		Home energy asst.	\$	\$
17	Personal-clothing, hygiene products, etc. <i>Must be >0</i>		\$	\$
18	Medical/Health Expenses	Medical card	\$	\$
19	Transportation-gas, car payment, insurance, bus pass, auto maint., etc.		\$	\$
20	Day Care for Children		\$	\$
21	Child Support Paid		\$	\$
22	Other: Explain		\$	\$
23	Total Monthly Expenses or Bills		\$	\$
24	Did you use a Financial Aid Refund to help with your expenses in 2018?		No	Yes

25 Does "Total Monthly Expenses or Bills," listed above, exceed your "Total Monthly Income?" If so, please explain how you/your family were able to meet your basic needs during 2018. *For example, did you utilize a financial aid refund, Job Corps, or did someone else pay your expenses, etc.*

Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Electronic signatures will not be accepted.

Student's Signature (Required) _____ **Date** _____

Parent's Signature (Required) _____ **Date** _____

Please return this completed form to Indian Hills Community College along with any other requested materials:
 Fax: 641.683.5741 | Mail: IHCC Financial Aid Office, 525 Grandview Ave, Ottumwa, IA 52501
 or bring to One Stop/Bennett Student Services Building

You can check your financial aid document status, print required forms, and view your financial aid award information (once available) on WebAdvisor.