



Fresno City College
 Financial Aid Office
 1101 E University Ave
 Fresno, CA 93741
 Phone: (559) 442-8245
 FAX: (559) 499-6024

2023-2024

Student Income/Expense Certification

Please complete the following information to verify how you are currently meeting your family's needs.

Student Name: _____ Student ID #: _____

Complete this form using CURRENT income and expenses.

Income Type	Monthly Amount	Expense Type	Monthly Amount	Who pays for expense?
Income from work (attach most recent pay stub for income earner)	\$	Housing (rent/mortgage)	\$	
TANF/CalWORKs/Welfare/SNAP/ Food stamps (attach current proof of benefits, which you can find at https://www.mybenefitscalwin.org/)	\$	Transportation (car payment/insurance/ gas/maintenance/bus pass)	\$	
SSI (attach current proof of benefits, which you can find at https://www.ssa.gov/myaccount/)	\$	Food/Household expenses	\$	
		Utilities (electricity, internet, etc.)	\$	
Other income (Please list):	\$	Childcare	\$	
Women, Infants, and Children (WIC) (attach proof of benefits)	Yes / No	Medical/dental (not covered by insurance)	\$	
Medi-Cal (attach proof of benefits)	Yes / No	Other personal expenses	\$	
Total	\$	Total	\$	

List everyone in your household and their relationship to you.

If expenses exceed income, explain how you meet your monthly expenses:

CERTIFICATION STATEMENT

I certify that the information reported is true and correct. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I understand that if I purposely give false or misleading information, I could be fined, jailed, or both. **Digital and/or typed signatures are not acceptable.**

 Student Signature

 Date