



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

**2020-2021**  
**#7 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 ( <b>attach most recent pay stub for income earner</b> )  | \$             | Housing (rent/mortgage)  | \$             |                       |
| TANF/CalWORKs/Welfare/SNAP/ Food stamps ( <b>attach current proof of benefits, which you can find at <a href="https://www.mybenefitscalwin.org/">https://www.mybenefitscalwin.org/</a></b> ) | \$             | Transportation (car payment/insurance/ gas/maintenance/bus pass) | \$             |                       |
| SSI ( <b>attach current proof of benefits, which you can find at <a href="https://www.ssa.gov/myaccount/">https://www.ssa.gov/myaccount/</a></b> )   | \$             | Food/Household expenses  | \$             |                       |
|  |                | Utilities (electricity, internet, etc.)                          | \$             |                       |
| Other income (Please list):  | \$             | Childcare  | \$             |                       |
| Women, Infants, and Children (WIC) ( <b>attach proof of benefits</b> )   | Yes / No       | Medical/dental (not covered by insurance)                        | \$             |                       |
| Medi-Cal ( <b>attach proof of benefits</b> )   | Yes / No       | Other personal expenses  | \$             |                       |
| <b>Total</b>   | <b>\$</b>      | <b>Total</b>   | <b>\$</b>      |                       |

Who do you currently live with (name and 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