



Student Name: \_\_\_\_\_ CWID#: \_\_\_\_\_

**Instructions:** Calculate income according to the monthly time periods requested and provide a \$ amount figure for every period. If there was no income source for a period, write down zero (\$0). **Do not leave blank spaces.**

If you are married, you must also provide the requested information for your spouse. For any period that has already passed, provide the **actual** income received. To calculate **estimated** income from work or other resources, consider factors such as hourly pay rate and the number of work hours expected or estimates of the weekly or monthly compensation expected to be receive. Also include any severance, vacation, or sick leave that was paid out during the year.

**Note:** Please submit documentation verifying the actual and/or estimated 2023 information listed below.

**1. Your actual or expected gross income and benefits from employment are:**

\$ _____	\$ _____	\$ _____	\$ _____	= \$ _____
Jan-March 2023	April-June 2023	July- Sept 2023	Oct-Dec 2023	<b>Total</b>

**2. Your spouse's/parent'(s) actual or expected gross income and benefits from employment are:**

\$ _____	\$ _____	\$ _____	\$ _____	= \$ _____
Jan-March 2023	April-June 2023	July- Sept 2023	Oct-Dec 2023	<b>Total</b>

**3. Your and/or your spouse's and/or parent'(s) actual or expected untaxed/other income not reported above:**

\$ _____	\$ _____	\$ _____	\$ _____	= \$ _____
Jan-March 2023	April-June 2023	July- Sept 2023	Oct-Dec 2023	<b>Total</b>

**Check all appropriate boxes.**

<input type="checkbox"/> Interest/Div. Income	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> IRA/Keogh Distribution	<input type="checkbox"/> Vet. Non-Education Benefits
<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Untaxed Pension Payments	<input type="checkbox"/> Spousal/Parental/Relative Sup.
<input type="checkbox"/> SSI	<input type="checkbox"/> TANF/Cal Works	<input type="checkbox"/> Foreign Income Exclusion	<input type="checkbox"/> Other Income _____
			<input type="checkbox"/> <b>No Other Sources of Income</b>

Explain how you were able to, or intend to, cover your expenses with your reduced financial strength:

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**Student Statement:** I understand that: **A)** I am only allowed to file this request **once per academic year.** **B)** I must promptly report to the Foothill College Financial Aid Office any change in my and/or spouse's/parent'(s) reported income. **C)** A failure to report changes or falsely reported information on this form may result in repayment of aid received, denial of future financial aid, and/or other academic and federal disciplinary steps.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Parent's Name Printed