

Award Year

Dependency
Status

Student Name: _____ Student ID#: _____

GREENVILLE TECHNICAL COLLEGE Clarification of Income and Support (CIS2)

Complete the check-marked sections or the section(s) mentioned on the Missing Information Letter.

SECTION A: NON-FILING TAX STATUS:

You Your Spouse Your father (stepfather) Your mother (stepmother)

1. The above person(s) did not and **was not legally required to** file a federal tax return for year _____.
2. The above person(s) did not have earned income from any source in year _____.

SECTION B: MINIMAL INCOME VERIFICATION:

You have indicated an unusually low income for your family and/or yourself which requires that we verify this information. Indicate below the annual income received by members of your household (if applicable).

You Your Spouse Your father (stepfather/parent1) Your mother (stepmother/parent2)

A friend /relative paid obligations /bills on my/my parent's behalf. This may have included grocery money, rent, utilities, etc. The value of the cash support for the year _____ was \$ _____.

BE SURE TO WRITE IN ZEROS IF NO FUNDS WERE RECEIVED. BLANK SPACES CANNOT BE ACCEPTED

SOURCE OF INCOME (Provide Yearly Totals)	Student/Spouse	Parent
Welfare Benefits: AFDC/ADC or TANF	\$	\$
Supplemental Security Income (SSI) or Social Security Benefits	\$	\$
Unemployment Compensation	\$	\$
Disability Benefits other than Social Security	\$	\$
Pensions or Retirement Benefits	\$	\$
Worker's Compensation	\$	\$
Other: _____	\$	\$
TOTAL EARNED/UNEARNED INCOME	\$	\$

Public Sources of Support/Income for Household	<i>check one</i>	HH Amount
Housing Assistance or Public Utility Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Food Stamps (SNAP Benefits) at any time during the last 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other: _____		

I/we certify that all the information reported on this form is complete and correct. If information on the FAFSA needs to be corrected, I authorize the Financial Aid Office to make those corrections electronically. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, imprisoned or both.

Student's signature

Date

Phone

 Parent's signature (*required for dependent students*)

Date

Phone

Return to: Greenville Technical College
Financial Aid Department (MS 6033)
P. O. Box 5616
Greenville, SC 29606-5616

Location: Financial Aid Office
Dreisbach/Anderson Student Success Center
506 S. Pleasantburg Dr
Phone: (864) 250-8000