



**SOUTHERN
CRESCENT**
TECHNICAL COLLEGE

501 Varsity Road
Griffin, GA 30223
P: 770-228-7368
F: 770-229-3029

Locations
1533 Hwy 19 South
Thomaston, GA 30286
P: 706-646-6386
F: 706-646-6063

300 Lakemont Drive
McDonough, GA 30253
P: 770-467-6049
F: 770-914-4424

Clarification of 2019 Income Sources –STUDENT

Please *Type* or *Print* clearly in **BLUE** or **BLACK** ink

Student's Information

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Student's ID # _____

We have received your FAFSA for the 2021-2022 academic year. The income you reported for 2019 on your Federal application for financial aid is extremely low and is below minimum levels necessary to support you and/or your family.

Please list the following amounts received in 2019 and how often you received the amount:

2019 AFDC/ADC \$ _____ per ____ year ____ month ____ week

2019 Child Support \$ _____ per ____ year ____ month ____ week

2019 Social Security \$ _____ per ____ year ____ month ____ week

2019 General relief \$ _____ per ____ year ____ month ____ week

2019 Food Stamps \$ _____ per ____ year ____ month ____ week

2019 Section 8 housing supplement _____ per ____ year ____ month ____ week

2019 support received from other persons (count value for food, shelter, cash, medical, clothing, etc.) Amount of support received \$ _____ per ____ year ____ month ____ week

Name of person _____ Relationship _____

(If a parent is providing the majority of support, the student may be a dependent student)

List the value of 2019 bills paid by other people or groups (church, employer, etc.)

Amount of support received \$ _____ per ____ year ____ month ____ week

Name of person/group _____ Relationship _____

Any other 2019 income _____ per ____ year ____ month ____ week

Source of Income _____

Estimate a typical month's expenses during 2019 (expenses for food, housing, utilities, transportation, medical, etc.)

\$ _____ (per month)

Student Signature _____ Date _____

Declaration of No Income

Please complete the following if you have declared no taxable income.

I, _____, did not work in 2019 and therefore had no
Name (Print clearly)

Income* because I was:

___ Incarcerated

___ Lived with parents/relative

___ Lived with other party,

Name of Party _____

Relationship to other party _____

*** You must provide documentation from the IRS dated on or after October 1, 2020 that indicates 2019 IRS income tax return was not filed with the IRS.** You can request this document by completing an IRS form 4506-T and checking box 7. You will receive this form within 10 business days once the IRS receives the request. If you have any questions, please stop by our office or call 770-228-7368.

Signature of person declaring no income

Date

Name of Student (if different from name above)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Southern Crescent Student ID#

Please submit this worksheet to the Office of Financial Aid!