

**Southern Crescent Technical College  
Clarification of 2010 Income Sources - Parent**

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

We have received your FAFSA for the 2011-2012 academic year. The income you reported for 2010 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 2010 and how often you received the amount:

2010 AFDC/ADC \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 Child Support \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 Social Security \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 General relief \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 Food Stamps \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 Section 8 housing supplement \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

2010 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)**

Value of 2010 bills paid by other people or groups (church, employer, etc.)

Amount of support received \$ \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

Name of person/group \_\_\_\_\_ Relationship \_\_\_\_\_

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

Any other 2010 income \_\_\_\_\_ per \_\_\_ year \_\_\_ month \_\_\_ week

Source of Income \_\_\_\_\_

Estimate a typical month's expenses during 2010 (expenses for food, housing, utilities, transportation, medical, etc.) \$ \_\_\_\_\_ (per month)

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

Parent Signature (if dependent) \_\_\_\_\_

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

**Please complete the back of this form**

**Please complete the information on the reverse side of this form.**

**Declaration of No Income**

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

I, \_\_\_\_\_, did not work in 2010 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 that you did not file taxes for 2010.** Calling the IRS at 1-800-829-1040 and asking for a Tax Transcript for 2010 can do this. You will receive this form in approximately two weeks from the time of your request. Bring or mail the form to the Financial Aid office at Southern Crescent Technical College. If you have any questions, please stop by our office or call 770-228-7368.

\_\_\_\_\_  
Signature of person declaring no income

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student (if different from name above)

\_\_\_\_\_  
Social Security Number of Student

Please return this form to:

The Office of Financial Aid, Southern Crescent Technical College, 501 Varsity Road, Griffin, GA. 30223

*As set forth in its student handbook/course catalog, Southern Crescent Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). Individuals responsible for addressing complaints: Title IX/Equity Coordinator: Ms. Toni Doaty, Special Populations Coordinator, Griffin Campus, 501 Varsity Road, Griffin, GA 30223. (770) 228-7382. ADA/Section 504 Coordinator: Ms. Teresa Brooks, Special Needs Coordinator, Griffin Campus, 501 Varsity Road, Griffin, GA 30223. (770) 228-7258. Title IX/Equity Coordinator and ADA/Section 504 Coordinator for satellite centers: Ms. Cherryl Gilbert, Director of Satellite Operations, Butts County Center, 1578 Highway 16 West, Jackson, Georgia, 30233. (770) 504-7595. Any complaints filed against the Title IX/Equity Coordinator or ADA/Section 504 Coordinator on any campus/center shall be handled by Ms. Xenia Johns, Vice President for Student Affairs, Griffin Campus, 501 Varsity Road, Griffin, GA 30223. (770) 228-7348.*