

RED ROCKS COMMUNITY COLLEGE
DOCUMENTATION OF LOW INCOME 2007-DEPENDENT STUDENT
2008-2009

Name: _____ Social Security Number _____ - _____ - _____ DOB _____
(Last, First, MI)

The FAFSA that you submitted shows very low income for your parent(s) to live on for 2007. Please have your parent(s) complete this form showing their income and expenses for the period requested. No further action will be taken on your financial aid application until this information is received. If any section of this form does not apply, write "Not Applicable."

EMPLOYMENT: Please list below all jobs your parent(s) had from January 1, 2007 to December 31, 2007. Please provide W-2 forms or paycheck stubs.

Table with 5 columns: Employer, Phone Number, Position Held, From-To, Gross Earnings. Includes blank lines for data entry.

NON-TAXABLE INCOME: List below all non-taxable income your parent(s) received from January 1, 2007 through December 31, 2007. Include information about applicable sources, such as financial aid, social security benefits, child support, AFDC, unemployment compensation, workman's Compensation, subsidized housing, etc. Include appropriate documentation from the issuing agency, which authorized the benefits.

Table with 4 columns: Type of Assistance, Amount per month, From-To, Total Received. Includes blank lines for data entry.

SPECIAL INCOME CIRCUMSTANCES: Please list any other income your parent(s) received from January 1, 2007 through December 31, 2007. Loans, gifts, payment in-kind should be included:

Blank lines for listing special income circumstances.

TOTAL RENT PAID IN 2007: (\$)) SPECIAL HOUSING AND RENT ARRANGEMENTS: Please list and explain any special arrangements made for your parent(s) by your landlord (or tenant if they sublet) in lieu of a requirement to pay rent from January 1, 2007 through December 31, 2007.

Blank lines for explaining special housing and rent arrangements.

Please be aware that any person who knowingly makes false statements or misrepresentations is subject to a fine, imprisonment or both, under the provisions of the United States Criminal Code.

I affirm by my signature below that the information provided on this petition is true and accurate. I will notify the Office of Financial Aid immediately of any circumstances affecting my financial aid status. I also understand that the Office of Financial Aid has the right to verify any and all of the information that I have provided.

Student's Signature

Date

Parent's Signature

Student's Daytime Phone #