

**2024-2025  
INCOME VERIFICATION FORM**

Student Name \_\_\_\_\_ NCCC Student ID \_\_\_\_\_

The income reported on your 2024-2025 FAFSA appears to be insufficient to support the number of people listed in your household. NCCC is requesting you to complete this form to clarify your cost of living.

Please review each section and place an answer in each item even if the answer is zero "0"

Independent & Dependent Students	Income & Resources – List Yearly 2022 Amounts	Dependent Students Only
Student/Spouse	List Annual Amounts from January 2022 - December 2022	Parent (s)
\$	Social Security Disability, Social Security Supplemental Income	\$
\$	Child Support Received	\$
\$	Veterans Non Educational Benefits	\$
\$	Military/Clergy Allowance	\$
\$	Worker's Compensation	\$
\$	Combat Pay/Military Basic Allowance (BAH)	\$
\$	Support from Relatives or Friends	\$
\$	Unemployment	\$
\$	Other (specify)	\$
\$	Other (specify)	\$

**Please check any benefits that you receive:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SNAP/TANF (Food Stamps) | <input type="checkbox"/> WIC Program            | <input type="checkbox"/> Free/Reduced Lunch Program |
| <input type="checkbox"/> Public Assistance       | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Subsidized Housing Income  |

Please provide an explanation of living arrangements regarding your situation that will help clarify your income and support.

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**CERTIFICATION:**

The information provided is true and complete to the best of my knowledge and reflects the most accurate report of my household's ability to contribute to my 2024-2025 educational expenses. I understand that I may be required to provide proof of the information given.

Student's Ink Signature

Date

Parent's Ink Signature (if student is dependent)

Date