SFCC
SANTA FE COMMUNITY COLLEGE

INCOME & EXPENSE SHEET 2017-18: Student ☐ Parents ☐

Student Name: _____Student ID: _____

Please complete the section below to inform us of the Annual income that you have incurred for the past year:

Non Tax Filer Income Information for 2015

Annual Income Earned:

Earnings from work:

Student/Father (Provide W-2)	**$_____**
Spouse/Mother (Provide W-2)	**$_____**
Odd Jobs Student/Father	**$_____**
Odd Jobs Spouse/Mother	**$_____**
Other: (please list)	
_____	**$_____**

Annual Income from Assistance Programs:

Social Security Benefits	**$_____**
Disability Benefits	**$_____**
Food Stamps	**$_____**
TANF/Welfare Benefits	**$_____**
Other: (please list)	
_____	**$_____**

TOTAL INCOME FOR 2015 $_____

If you shared expenses with a roommate list only your portion of the income and expenses. If you had no source of income, please provide a complete explanation below of how you maintained living expenses.

Please give a DETAILED explanation of low or no income and address how you pay for housing and food:

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_____ _____ _____

Student Signature **Parent's Signature** **Date**
(If Applicable)