

RETURN TO:

Las Positas College
 Financial Aid Office
 3000 Campus Hill Dr.
 Livermore, CA 94551

Name of Applicant (Please print)		
Last	First	Middle
Student ID Number: _____		

2016 Student/Parent Low Income Certification

On your FAFSA, or your Fee Waiver Application, less than subsistence income has been reported for 2016 for the number of people you or your parents support. We know that the amount you indicated **would not be enough** to pay rent, food, clothing, and other living expenses for the entire year in the bay area. Please answer the following questions to help us understand and document your situation more clearly.

WHO SHOULD COMPLETE THIS FORM:

** If you are not required to include parent information on your FAFSA or your fee waiver application, the student completes and signs this form.*

**If you are required to include parent information and signatures on the FAFSA or fee waiver form, your parent(s) must complete and sign this form.*

1. How much rent or mortgage payment were YOU paying each month in 2016? \$ _____

2. Did somebody help you pay your rent, food, or other living expenses? yes no

EXPLAIN: Relative Friend Shelter County housing Food stamps Incarcerated Military

3. Did you earn money from a job in 2016 that was not reported on an income tax return? yes no

Amount earned \$ _____ Where did you work? _____

4. Did you receive money as a gift in 2016? yes no How much? \$ _____ From whom? _____

5. Did you receive money as a loan in 2016? yes no How much? \$ _____ From whom? _____

6. Did you receive social security income, welfare, or child support in 2016? yes no

List each benefit and amount received during 2016 _____

7. Did you use savings to pay for your expenses in 2016? yes no Explain how much you had saved by January 2016 and how much you have left now: _____

8. If your income as listed above was not sufficient to pay rent, food, and other expenses, explain how your expenses were met: (You may attach a separate sheet if additional space is needed.)

I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of my fee waiver, and possible dismissal from the college. I understand that I may be called in for an appointment to explain my situation further if it is not clear what income and resources I had to live on in 2016.

Signatures are required for all persons reporting income above.

 Student's Signature Date

 Father's Signature Print name of Father Date

 Mother's Signature Print name of Mother Date