



Financial Aid Office
 Heartland Community College
 1500 W. Raab Road
 Normal, IL 61761

2019-2020

Student

Income Verification

Print: Last Name _____ First Name _____ M.I. _____ HCC Student ID Number _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone Number _____ Cell Phone (if applicable) _____

Did you receive Financial Aid during 2017? Yes _____ No _____

If yes, check type and list dollar amount received for each type of aid.

- Grants (Pell, MAP, SEOG) \$ _____
- Loans (Subsidized, Unsubsidized, Alternative) \$ _____
- Scholarships (From any Source) \$ _____

Please thoroughly explain how your family was able to meet their living expenses in 2017. If you received money from someone to pay for your/your family's expenses or someone else paid for your/your family's expenses, please include a dollar amount for the total support received in 2017 in your explanation. Also explain your current living situation (example: live with family or rent an apartment). If you need additional space, please attach another sheet.

INDICATE YOUR AND YOUR SPOUSE'S AVERAGE MONTHLY INCOME: January 2017-December 2017. Convert foreign currency to U.S. Dollars. **(DO NOT LEAVE BLANKS).**

INCOME SOURCE	Monthly (do not leave blank)
Money earned in 2017 from work (W-2's, Child Care, Odd Jobs For Cash, etc.) Money earned in: (check one. List name of Foreign Country). USA Foreign Country* _____ *Please convert Foreign Currency to U.S. Dollars.	\$
Cash received or Money paid on your behalf	\$
Non-cash support provided by relatives/friends (This would include food, rent, utilities, etc.)	\$
Pensions or Retirement Benefits	\$
Social Security (Self & Children under 18 yrs old)	\$
Child Support received for all children	\$
Welfare Benefits: AFDC/ADC or TANF	\$
Workman's Compensation	\$
Non-Cash support from a government agency:	
HUD/Section 8 subsidies	Yes <input type="checkbox"/> No <input type="checkbox"/>
SNAP (Food Stamps)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicaid	
Alimony or separate maintenance	\$
Supplemental Security Income (SSI)	\$
Veteran Benefits-Specify Type (circle one): Military Disability, Education Benefit, etc.	\$
Disability Benefits other than Social Security	\$
Unemployment Compensation	\$
Housing, food and other living allowances for active military, clergy, etc.	\$
Other -Specify Type	\$
TOTAL MONTHLY INCOME	\$

Each Person signing below certifies that all of the information reported is complete and correct.

Student Signature

Spouse Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail