BALTIMORE CITY
COMMUNITY COLLEGE
FOUNDATION

INCOME VERIFICATION

Replaces the FAFSA requirement for students who do not have social security numbers

APPLICANT INFORMATION

Last Name	First Name	M.I.	Date

Please document your living expenses for 2016. You/spouse (and/or your parent) must document how living expenses were covered. This would include any untaxed income, savings, or wages. ZERO INCOME IS NOT ACCEPTABLE.

Please provide total amount for the year 2016 not the amount per month, in the appropriate column(s) listed below. Return this form with your BCCC Foundation Scholarship Application prior to May 31 for fall applications or prior to December 31 for spring applications. Incomplete information will void your application.

TYPE OF EXPENSE (ex. housing)	COST PER YEAR (ex. $6,000.00)	WHO PAYS/PROVIDES (ex. self)
1. Rent/Mortgage		
2. Utilities		
3. Food		
4. Clothing		
5. Car/Truck payments or Bus Pas		
6. Child Care Expenses		
7. Insurance – Medical/Dental		
8. Miscellaneous		

SOURCE OF INCOME	INCOME PER YEAR	DOCUMENTATION ATTACHED	
1. Student			
2. Spouse			
3. Parent			
4. Other			

I/We hereby certify that all information reported on this form is true, complete and accurate. If I/We gave false or misleading information my scholarship will be denied and I will owe the college for outstanding charges.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____