**BALTIMORE CITY COMMUNITY COLLEGE FOUNDATION, INC.**



2901 Liberty Heights Avenue | Baltimore, Maryland 21215 410-209-6059 | [www.bcccfoundation.org](http://www.bcccfoundation.org/)

**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 2017. 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 2017, 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 October 15 for spring applications.

2. Utilities

3. Food

4. Clothing

5. Car/Truck payments or Bus Pas

6. Child Care Expenses

7. Insurance – Medical/Dental

8. Miscellaneous

**ex. housing**

**ex. $6,000.00**

**ex. self**

1. Rent/Mortgage

|  |  |  |
| --- | --- | --- |
| **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