



BALTIMORE CITY COMMUNITY COLLEGE FOUNDATION, INC.
 2901 Liberty Heights Avenue | Baltimore, Maryland 21215
 410-209-6059 | 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 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 October 15 for spring applications.

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		<input type="checkbox"/>
2. Spouse		<input type="checkbox"/>
3. Parent		<input type="checkbox"/>
4. Other		<input type="checkbox"/>

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 _____