



Student Financial Services

2017-2018 Additional Income Worksheet

Since you and/or your parent(s)/spouse reported no income or a low income on your FAFSA, we need to verify how you and/or your family were supported during the previous tax year. Please indicate the yearly amount spent for the following necessities and indicate the source of the funding.

Student Name: _____

CHC ID#: _____

**2015 Other Untaxed Income for Tax Filers and Non-Filers
(Amount Per Year May Not Be Left Blank)**

Amount Per Year Student / Spouse	Source of Untaxed Income	Amount Per Year Parent(s)
	Child Support Received	
	Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others	
	Veterans Noneducation Benefits	
	Other Untaxed Income	
	Money Received or Paid on the Applicant's Behalf	

**2015 Expenses and Funding for Student / Spouse and/or Parent
(Amount per Year May Not Be Left Blank)**

Amount Per Year Student / Spouse	2015 Expenses	Source of Funding	Amount Per Year Parent(s)
	Housing (Rent, Mortgage)		
	Food		
	Utilities		
	Clothing		
	Health Insurance		
	Spending Money		

Certification & Signature: I certify that the submitted information is true and correct to the best of my knowledge and behalf. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years.

Student's Signature	Date:
Parent/Spouse's Signature (if they were required on the FAFSA)	Date:

Please return this worksheet to:
 Student Financial Services, 9601 Germantown Avenue, Philadelphia, PA 19118
 Fax: (215) 242-7705 Email: finaid@chc.edu