



SWAINSBORO • 346 Kite Road • Swainsboro, Georgia 30401 • Phone (478) 289-2200 • Fax: (478) 289-2263
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Southeastern Technical College is an Equal Opportunity Institution

2017-2018 Declaration of No Income Form

 Student's Last Name First Name M.I. Student's Identification (ID) Number

 Name of Person Completing Form (*if other than student*)

ARE YOU (Circle One): **Student** **Spouse** **Parent**

We must have additional information to continue the verification process. According to the information reported on your Student Aid Report, the income is below the minimum standard established for your household size. We need additional information from you to show **how** you supported yourself and your household from January 1, 2015, through December 31, 2015. This information will determine the amount of financial assistance you are eligible to receive.

Complete, sign, and return this form to the Financial Aid Office on the campus you are attending. If you received support from another individual please use this form to explain the type of support you received (i.e. Money, free room, etc.), and the total value you received between January 1, 2015, and December 31, 2015. If you have any questions, please contact the financial aid office on your campus.

Expense Item	Monthly Cost	Who Pays
Rent/Mortgage	_____	_____
Car Payment	_____	_____
Electricity	_____	_____
Car Gas	_____	_____
Household Gas	_____	_____
Car Insurance	_____	_____
Water/Sewage	_____	_____
Clothing	_____	_____
Cable	_____	_____
Entertainment	_____	_____
Internet Service	_____	_____
Food	_____	_____
Phone	_____	_____
Daycare	_____	_____
Cell Phone	_____	_____

Credit Card Bill	_____	_____
Medical Cost	_____	_____
Miscellaneous	_____	_____
Monthly Total	_____	_____
Yearly Total	_____	_____

By signing this form, I certify that all information reported to qualify for federal financial aid is complete and correct.

 Print Student's Name Student's ID Number

 Student's Signature Date

 Print Parent's or Spouse's Name (If completing form)

 Parent's or Spouse's Signature (If completing form) Date