



**Swainsboro**  
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 Phone: (478) 289-2200  
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**Vidalia**  
 3001 East First Street  
 Vidalia, Georgia 30474  
 Phone: (912) 538-3100  
 Fax: (912) 538-3156

## 2017-2018 Declaration of No Income Form

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

\_\_\_\_\_  
 Student's Street Address (include apt. no.)                      Student's Date of Birth

\_\_\_\_\_  
 City                      State                      Zip Code                      Student's Email Address

\_\_\_\_\_  
 Student's Home Phone Number (include area code)                      Student's Cell Phone Number

\_\_\_\_\_  
 Name of Person Completing Form (if other than student):

**ARE YOU:**                       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.

**Note:** If you did not pay any item listed below, explain how payment was made on the back of this form.

	Monthly Cost	Who Pays		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		

<b>Monthly Total</b>		<b>Yearly Total</b>	
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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

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