CCA CALIFORNIA COLLEGE OF THE ARTS

Office of Financial Aid, 1111 Eighth Street, San Francisco, CA 94107 P: 415.703.9528 F: 415.551.9261 Email: finaid@cca.edu

## PARENT'S 2022-2023 LOW INCOME STATEMENT

A review of your financial aid application indicates that your parent's total income from all sources for 2020 appears to be below the U.S. Federal Poverty Guidelines. Please complete **ALL** of the information requested on this form and upload the document in Workday within 15 days from the date of receipt.

***PLEASE NOTE: Only file this form if requested by the Financial Aid Office.*** *This form is NOT a petition for additional financial aid. If you wish to petition for additional financial support, please submit a Financial Aid Petition request in Workday.*

### SECTION A — STUDENT INFORMATION

Name: _____ CCA ID Number: _____
Last First MI.

1. Did your parents receive any of the below in 2020? (Check all that apply and include name and amount per year)

   - ○ AFDC/TANF (welfare) Recipient Name: _____ Amount: _____
   - ○ Food Stamps Recipient Name: _____ Amount: _____
   - ○ SSI (disability) Recipient Name: _____ Amount: _____
   - ○ Social Security benefits Recipient Name: _____ Amount: _____

### SECTION B — EXPLANATION *(Attach a separate sheet if necessary)* – ***REQUIRED, DO NOT LEAVE THIS SECTION BLANK*** –

Please list below what your parent's overall expenses were in 2020 and what financial resources your parent's had to meet their basic living expenses during 2020.

Overall Annual Expenses:

| | |
|---|---|
| Rent/Housing | $ |
| Utilities (Gas, Electric, Water) | $ |
| Food (exclude food stamps) | $ |
| Transportation | $ |
| Personal | $ |
| Other (Please specify) | $ |
| Total Expenses | $ |

Your Parent's Financial Resources:
[Please specify type of resource and annual amount received]

| | |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| Total Financial Resources | $ |

Additional Information (if necessary):

_____

_____

_____

BY SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. WE UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, THE STUDENT'S FINANCIAL AID MAY BE DELAYED. IF ASKED BY AN AUTHORIZED OFFICIAL OF THE FINANCIAL AID OFFICE, WE AGREE TO PROVIDE PROOF OF THE INFORMATION THAT WE HAVE GIVEN ON THIS FORM. ***Typed signatures cannot be accepted.**

Student Signature: _____ Date: _____/_____/_____

Parent Signature: _____ Date: _____/_____/_____