

Zero Income Statement
Southwestern College – 2019-2020



Name: _____ **ID:** _____

E-Mail: _____ **Phone:** _____

Instructions: Please read and complete the following information. Do not leave anything blank.

I currently do not have income from any source. (Briefly describe below how you are supported financially.)

I have the following bills that are being paid by someone else (Only list bills that are in your name – medical or car insurance, cell phone, rent.)

Item	Amount

Warning! If you purposefully give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Signature

Date Signed

***All signatures must be physical signatures, digital and typed signatures will not be accepted.**

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