PARENT LOW INCOME CLARIFICATION 2021-2022

SOUTHEAST Technical College

_____
Parent Name (please print)

_____
Parent Social Security Number

_____
Student Name (please print)

_____
Student Social Security Number or ID#

In reviewing your financial aid application, the family income appears unusually low. Please supply the information below to provide a better understanding of the family's **2019 income** and expenses.

DO NOT MARK ITEMS BELOW IF YOU DON'T HAVE SUPPORTING DOCUMENTATION!

Since your income was zero, please check ONLY the source(s) of income, benefits, or support provided by others in **2019:**

Additional information will be required if source of payments are not justified.

☐ Housing Assistance
☐ Utility Assistance
☐ SNAP
☐ Unemployment
☐ Social Security Benefits/Supplemental Security Income (SSI)/ Disability
☐ TNAF
☐ Child Support
☐ Veterans Benefits (Non-Educational)
☐ Other – List and/or explain any benefits you received not listed above. If you received none of the benefits listed above, you MUST provide detailed information here to explain how you handled day-to-day living expenses for you and your family.

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[                                                           ]
[                                                           ]
[                                                           ]
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Signature and Certification Statement

I certify that all information provided is complete and correct and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program. I understand that if I give false or misleading information on this form, that I may be fined, be sentenced to jail, or both. I understand I can't change or resubmit this form once it is received by the STC Financial Aid Office.

_____
Parent Signature

_____
Date

RETURN COMPLETED FORM TO:

Mail to:
Financial Aid
Southeast Technical College
2320 N Career Ave
Sioux Falls, SD 57107

Fax to:
605-367-8305

Scan and email to:
financialaid@southeasttech.edu