

Office of Financial Aid
2016 - 2017 Parent Monthly Expense Form

You reported an unusually low amount of income for your family on your 2016-2017 FAFSA. If the information reported on your FAFSA is correct, please complete this form and submit it to the Office of Financial Aid to help substantiate how your household was supported in 2015. Upon review by a financial aid administrator, additional documentation may be required. This form will be considered incomplete if items are missing, unclear, or if the form is not signed.

Student Information:

Student Name _____ Student ID# _____

Home Phone Number _____ CCP email address:: _____

Did your parent(s) receive any of the following for the 2015 year? Please check the option(s) that applies:

SNAP (Formerly known as the food stamp program)

TANF (Cash Assistance)

Social Security Benefits

Workers' Compensation

Please check the option(s) that applies; amount received per month may not be Zero:

I and/or my parent(s) received cash support from an individual, paid to me/us, or on my behalf, for food, housing or other living expenses. (Report any cash support received. Also, report any money paid to someone else on your behalf. Example: If a friend or relative pays bills that are in your name, report that amount).

Amount received per Month: _____ Number of Months: _____

Name of the Person who provided the support: _____

Relationship to you/your parent(s): _____

Telephone Number: _____

I and/or my parent(s) received in-kind support from an individual.

(In kind support is other than money; for example, friends or relatives giving you food or letting you live rent-free. Do not include: Food Stamps, WIC, and Low Income Housing or Foster Care amounts). If you received in-kind support your cost of attendance may be reduced to reflect receipt of this benefit.

Amount received per Month: _____ Number of Months: _____

Name of the Person who provided the support: _____

Relationship to you/your parent(s): _____

Telephone Number: _____

Student's Name: _____

ID# _____

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Other arrangements (i.e. institutionalized, incarceration -if incarcerated, provide period of incarceration, etc.):

If none of the options listed applies, please explain: _____

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration. I understand that additional information may be required if this form is incomplete, unclear, or insufficient, or if additional questions arise based on the information provided. I further understand that the person(s) I have listed that have provided cash support and/or in-kind support may be contacted to verify this information.

Student Signature _____  Date _____

Parent Signature _____  Date _____

Please return to:

Mailing Address:
Office of Financial Aid
Community College of Philadelphia
1700 Spring Garden Street, Room MG-13
Philadelphia, PA 19130
Fax: (215) 972-6234

For in-person submission, visit us at:
Enrollment Central, Bonnell Building, Ground Level