



"Your Bridge to Success"

2014 – 2015

# Proof of Other Income Form

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

If anyone in the household receives **Social Security Benefits, DCI, SSI, Disability, or any other untaxed income/benefits**, please complete and return this document. Attach a copy of your award letter.

I, (Student/Spouse/Parent) \_\_\_\_\_, received untaxed income/benefits during **2013**.  
*(circle one)* (Print your full name)

I receive income from:

- Social Security Benefits \$ \_\_\_\_\_
- Death & Indemnity Compensation (DIC) \$ \_\_\_\_\_
- Supplemental Security Income (SSI) / Disability \$ \_\_\_\_\_
- VA Disability \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

\*\*\*\*\* You must sign this form in the presence of a notary. \*\*\*\*\*

**By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education's Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.**

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

\_\_\_\_\_  
Spouse -OR- Parent Signature Date \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Notary Seal

My commission expires: \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary's Signature: \_\_\_\_\_

Please Print Notary Name: \_\_\_\_\_

**MAIL OR RETURN TO:**

**James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349**