



Office of Financial Aid
Declaration of No Income

Calendar Year 2015

Last Name / First Name / MI / SSN / Date of Birth

Put a check mark beside the individual who did not work and/or was supported by others. Complete a separate form for each individual who did not work and/or was supported by others.

- [] Student [] Spouse [] Mother [] Father

Last Name: First Name:

I did not work in Calendar Year 2015 and therefore had no income because I was:

- [] Incarcerated (attach release document) [] Lived with a friend
[] Lived with parents/relatives [] Lived in a homeless shelter

Signature Date

The Certification of Support for Calendar Year 2015 section below must be completed by any person or agency that provided shelter, gave money, or paid bills on behalf of the student, spouse, mother, or father checked above.

Certification of Support for Calendar Year 2015

I, (Name of Supporter), hereby certify that I provided the following support on behalf of the above individual for Calendar Year 2015.

- [] Free Room and Board [] Credit Cards [] Entertainment [] Medical Bills
[] Car Payment/Car Insurance ** [] Daycare [] Food [] Mortgage/Rent**
[] Cell Phone** [] Dental Bills** [] Gas [] Utility Bills**
[] Clothing [] Miscellaneous

**Only check the category if the expense is in the name of the person being supported such as the cell phone, vehicle, lease/mortgage, utilities, etc.

Total amount of the above support: \$

Signature of Supporter Relationship to the Individual Date

Ben Hill-Irwin Campus, 667 Perry House Road, Fitzgerald, GA 31750, (229) 468-2000/Fax (229) 468-2110
Coffee Campus, 706 West Baker Highway, Douglas, GA 31533, (912) 389-4300/ Fax (912) 389-4308
Cook County Workforce Development Center, 1676 N. Elm St., Sparks, GA 31647, (229) 549-7368/Fax (229) 549-6286
Valdosta Campus, 4089 Val Tech Road, Valdosta, GA 31602, (229) 333-2100/Fax (229) 333-2153