



**RESOURCE/INCOME FORM (RINFO)**

\_\_\_\_\_  
**Student Name** (Last, First, MI - please print)

\_\_\_\_\_  
**SS#**

\_\_\_\_\_  
and **Student ID**

Based on the FAFSA (Free Application for Federal Student Aid), you (& spouse, if applicable) or your parents have reported little or no income for 2007. Please indicate below how expenses were met for rent, food, clothing, etc.

**Independent Student (& spouse, if applicable)**

Indicate the sources of income and benefits you (& spouse) received from January to December 2007. Attach copies of pay-stubs, statement/s of benefits i.e., Food stamps, welfare, housing assistance, AHCCS etc. to document the resources listed below.

Sources of Income and benefits	Monthly	Total in 2007
Earnings from employment	\$	\$
Unemployment benefits	\$	\$
TANF/AFDC	\$	\$
Welfare	\$	\$
Housing Assistance	\$	\$
Child Support	\$	\$
Social Security	\$	\$
Food Stamps	\$	\$
Health Care Assistance	\$	\$
Monetary gifts from other people	\$	\$
Other (please identify)	\$	\$

List amounts of support provided, or paid on your (& spouse's) behalf:

	Monthly	Total in 2007		Monthly	Total in 2007
Bills	\$	\$	Clothing	\$	\$
Housing	\$	\$	Medical	\$	\$
Food	\$	\$	Dental Care	\$	\$
Child Care	\$	\$	Other	\$	\$

**Dependent Student's Parent(s)**

Indicate the sources of income and benefits your parent(s) received from January to December 2007. Attach copies of pay-stubs, statement/s of benefits i.e., Food stamps, welfare, housing assistance, AHCCS etc. to document the resources listed below.

Sources of Income and benefits	Monthly	Total in 2007
Earnings from employment	\$	\$
Unemployment benefits	\$	\$
TANF/AFDC	\$	\$
Welfare	\$	\$
Housing Assistance	\$	\$
Child Support	\$	\$
Social Security	\$	\$
Food Stamps	\$	\$
Health Care Assistance	\$	\$
Monetary gifts from other people	\$	\$
Other (please identify)	\$	\$

List amounts of support provided, or paid on your parent(s) behalf:

	Monthly	Total in 2007		Monthly	Total in 2007
Bills	\$	\$	Clothing	\$	\$
Housing	\$	\$	Medical	\$	\$
Food	\$	\$	Dental Care	\$	\$
Child Care	\$	\$	Other	\$	\$

I/We certify that all the information reported on this form is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Return this form within 15 days** to the Glendale Community College Financial Aid Office  
6000 W. Olive Avenue • Glendale, AZ 85302 • (623) 845-3366 • Fax (623) 845-3310

[www.gc.maricopa.edu/finaid/](http://www.gc.maricopa.edu/finaid/)