2008-2009

GLENDALE COMMUNITY COLLEGE
A Maricopa Community College

INCOME EXCLUSION CERTIFICATION (EXC)

Student Name *(Last, First, MI - please print)* _____ **SS#** _____/_____ *and* **Student ID**

On your financial aid application, you indicated that either you (and/or spouse, if married) and/or your parents, had income in 2007 that qualified for exclusion when calculating your financial aid eligibility.

Please provide written verification regarding the amounts reported as well as documentation (such as a 2007 Federal Tax Return and W-2 forms).

Do not leave any blanks. If you/they did not receive any income for a category, place a "ZERO."

Worksheet C - Income Exclusions **Calendar year, January to December, 2007**	**Student/Spouse**	**Parent**
Education Credits (Hope and lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31. **Attach signed 2007 Federal Tax Returns and W2s**.	**= $**	**= $**
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employments portions of fellowships and assistantships. **Attach signed 2007 Federal Tax Returns and W2s**.	**= $**	**= $**
Student grant and scholarship aid reported to the IRS in your (or your parents') 2007 adjusted gross income. This includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships**. Attach signed 2007 Federal Tax Returns and W2s**.	**= $**	**= $**
Child Support you [your parent(s)] paid because of divorce or separation or as a result of a legal requirement. **Do NOT include** support for children in your (or your parents') household, as reported on FAFSA.	$ _____ per month x _____ months **= $**	$ _____ per month x _____ months **= $**

Please list below the name(s) of child(ren) for which child support was paid in 2007:

Full Name of Child	Age	Relationship to you	SS#	Does this child live in the home of the person (either you or your parents') who paid child support?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

By signing this document, I/we certify that all the information on it 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