



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
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**2016—2017
Income Clarification**

STUDENT INFORMATION

Last Name First Name M.I. Student ID #

The income you reported on your 2016-2017 FAFSA was unusually low for the amount of people in your household. Please complete this form to clarify how your family was able to meet their basic needs in 2015.

- If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student’s parents(s) whose information is on the FAFSA.
- If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student’s spouse, if married) whose information is on the FAFSA.
- Please complete every item below. If the answer to any item is zero, please write “0”.

2015 Income (per month)	Amount (per month)	2015 Expense (per month)	Amount (per month)
Payment to tax-deferred pension and savings plans		Rent or housing payment	
Housing, food, and other living allowances paid to members of the military, clergy and others		Utilities/Phone/Cell Phone	
Veterans non-education benefits		Groceries	
Child support received		Car payment/Gas	
Other untaxed income		Medical/Dental Bills	
Money received or paid on the student’s behalf		Personal Expenses	
Wages, Salaries, Tips		Child Care/Tuition	
Other:		Other:	
TOTAL		TOTAL	

If your total 2015 Expenses (above) were greater than your total 2015 family income (above), please attach a separate sheet explaining the situation and how your expenses were met.

CERTIFICATION AND SIGNATURE

I certify that the information provided on this worksheet is true and complete to the best of my knowledge. I understand that inaccurate information may result in the loss of financial aid eligibility. I also know that an incomplete form will be returned to me and may delay my financial aid award processing and disbursement.

Print Student Name

Student’s Signature Date

Print Parent Name

Parent Signature Date