Get There.
CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office
P. O. Box 35009
Charlotte, NC 28235-5009
Telephone: (704) 330-6942
Fax: (704) 330-5053

2012-2013 PARENT INCOME & EXPENSE DECLARATION

Student's Name _____ Student's ID #: _____
Last **First**

Section 1: Parent Income

Parent: Please list ALL sources of income that are used to meet living expenses, including foreign income. Please provide **gross amounts.** Do not list incomes used to meet business or rental property expenses. **Note:** If your total 2012 yearly income will be significantly less than your 2011 income, please attach a letter explaining the specific circumstances/reasons for the change in income (If one has not been previously submitted). Also provide the following required documentation:

- Letter from employer(s) indicating: date of termination, reduction in hours worked, reduction in salary/wages
- Copy of most recent pay stub (including 2012 year-to-date earnings)
- Copy of last pay stub from previous employment (including 2012 year-to-date earnings)
- Statements from (if applicable): Social Security Administration, Public Assistance Agencies. State Unemployment Compensation Office, State or Private Disability Insurance Agencies

SOURCE OF INCOME	AVERAGE AMOUNT PER MONTH IN 2011	AVERAGE AMOUNT PER MONTH IN 2012
Father's gross wages/salary/tips (Attach W-2 form or pay stub)		
Total to date for 2012 _____	Estimate for remainder in 2012: _____	
Mother's gross wages/salary/tips (Attach W-2 form or pay stub)		
Total to date for 2012 _____	Estimate for remainder in 2012: _____	
Interest/dividends		
Net income from business or farm (Gross income – bus/farm exp)		
Capital gains		
Net rental/partnership/royalties/trust income (Gross income – exp)		
Social Security (Inc: benefits for dependent children as well yourself)		
Pensions/annuities		
Alimony/spousal support		
Unemployment benefits		
Severance pay/vacation pay/sick pay		
Workers' compensation/disability benefits		
Temporary Assistance for Needy Families (TANF)		
Child support received for all children		
Veterans' noneducational benefits		
Cash support or money paid on your behalf: _____ (Please specify source of support: name/relationship)		
Housing, food and other living allowances from your employer (Include cash payments and value of benefits) Indicate: ☐ Military ☐ Clergy ☐ Other		
Payments made to tax deferred accounts such as IRA, KEOUGH, 4019K), 403(b)		
Personal loans	$	
Credit Card Balances		
Other: _____		
TOTAL MONTHLY INCOME		

(If your monthly income is not equal to or greater than your expenses, explain on an attached sheet and attach supporting documentation, if applicable.)

Section 2: Parent Expenses:

Parent: Next to each item, fill in the dollar amount of your family's average monthly living expenses. If your family shares living expenses with others, indicate only that portion of expenses which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Report only your family's living expenses. DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES. Fill in all items. If an item does not apply, indicate this by writing "n/a."

- Does the family share living expenses with others? ☐ Yes ☐ No
  If Yes, what is the monthly contribution from others? _____
  If Yes, with whom? Please indicate name and relationship: _____
- Does the family pay rent? ☐ Yes ☐ No
- Does the family pay mortgage? ☐ Yes ☐ No
- If family pays neither rent nor mortgage, please explain: _____

MONTHLY EXPENSES	AVERAGE AMOUNT PER MONTH IN 2011	AVERAGE AMOUNT PER MONTH IN 2012
Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties)		
Property tax		
Home maintenance (gardener, house cleaner, pool, etc)		
Food and household supplies		
Utilities (gas, electric, water, etc.)		
Phone, cable, internet		
Clothing		
Child care		
Private, elementary/secondary school tuition		
Insurance (home, care, health, life, etc.)		
Medical/health expenses NOT covered by insurance		
Gasoline and auto maintenance or public transportation		
Car payments (Make: _____ Model: _____		
(Make: _____ Model: _____		
Credit card payments		
Repayment of parents' educational loans		
Other: _____		
TOTAL MONTHLY EXPENSES		

(If your monthly income is not equal to or greater than your expenses, explain on an attached sheet and attach supporting documentation, if applicable.)

Father's/Step-father's Signature: _____ **Date:** _____

Mother's/Step-mother's Signature: _____ **Date:** _____

(Parent(s) please sign, print and fax to 704.330.5053)

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

Revised 03/28/2012

PRINT