

**Normandale Community College**

**STUDENT'S INCOME  
CERTIFICATION**

Return to: Financial Aid and Scholarship Office  
Normandale Community College  
9700 France Avenue South  
Bloomington, MN 55431  
Fax: 952-358-9005

**Print Your Name:** \_\_\_\_\_ **NCC Tech/Star ID:** \_\_\_\_\_  
Last Name First Name

This certification must be completed if you did not file, and were not required to file, a Federal Income Tax return in either 2020 and/or 2021.

Please check below which year(s) you did not file, and were not required to file, a Federal Income Tax return:

2020  2021

**For each year checked above, complete the required income information below.** List all sources and amounts of money you received from January through December of each year. Include support from parents, untaxed income (such as child support, disability, military living allowance, etc.) and earnings from work. Foreign income must be converted to US dollars. **DO NOT LEAVE ANY ITEMS BLANK. IF THE ANSWER IS ZERO, THEN ENTER \$0.**

**2020 (January 1, 2020 - December 31, 2020: Provide figures for this 12 month period)**

Income earned from work including wages, salaries and tips: (attach W-2's) \$ \_\_\_\_\_  
*Other income and/or benefits received:*  
 Alimony: ..... \$ \_\_\_\_\_  
 Child Support: ..... \$ \_\_\_\_\_  
 Unemployment Compensation: ..... \$ \_\_\_\_\_  
 Disability Benefits: ..... \$ \_\_\_\_\_  
 Cash support or any money paid on your behalf (for rent, bills, food, etc.): ..... \$ \_\_\_\_\_  
 Workman's Compensation: ..... \$ \_\_\_\_\_  
 Other (explain): ..... \$ \_\_\_\_\_  
 TOTAL: .. \$ \_\_\_\_\_

If your 2020 total income was less than \$4000, please explain how you met your living expenses on so little income:  
 \_\_\_\_\_  
 \_\_\_\_\_

**2021 (January 1, 2021 - December 31, 2021: Provide figures for this 12 month period)**

Income earned from work including wages, salaries and tips: (attach W-2's). \$ \_\_\_\_\_  
*Other income and/or benefits received:*  
 Alimony: ..... \$ \_\_\_\_\_  
 Child Support: ..... \$ \_\_\_\_\_  
 Unemployment Compensation: ..... \$ \_\_\_\_\_  
 Disability Benefits: ..... \$ \_\_\_\_\_  
 Cash support or any money paid on your behalf (for rent, bills, food, etc.): ..... \$ \_\_\_\_\_  
 Workman's Compensation: ..... \$ \_\_\_\_\_  
 Other (explain): ..... \$ \_\_\_\_\_  
 TOTAL: .. \$ \_\_\_\_\_

If your 2021 total income was less than \$4000, please explain how you met your living expenses on so little income:  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing this worksheet, I certify that all of the information reported above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_