

Income Validation 2023-2024

Website: financialaid.highline.edu

Email: financialaid@highline.edu

Where to submit this form: You can submit this form using our [Document Upload Form](#)

How to check your status online: Go to your [Financial Aid Portal](#)



Student Information

Last Name	First Name	Date of Birth (mm/dd/yyyy)	ctcLink ID Number
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Income Validation Information

- You are being asked to provide income information for the 2021 calendar year (unless otherwise noted) as we have noticed discrepancies on your FAFSA or WASFA that need to be resolved. Do not estimate your answers.
- In most cases we need you to complete the entire form, but it is possible that your ctcLink Portal Message Center message asked you to answer just some of the questions. When in doubt you should complete the entire top section of this form.
- If you do not have an answer to a question, please put "NA".
- If we have any questions about the information you provided we will send you a ctcLink Portal Message Center message.

Dependent Student Section

Your FAFSA or WASFA listed that your parents had little to no income information.

1. Please explain, in detail, how you and your parent(s) paid for the household's 2021 basic living expenses such as rent, utilities, food, etc. The more detail you provide, the better. If this was paid with funds other than the income earned by you or the family, list them in #3.

2. **Social Services:** Check all that apply (these are federal and state social services you or your parents may have received in 2021 to help cover the household's basic living expenses)

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Reduced Utilities |
| <input type="checkbox"/> SNAP (WA Basic Food) | <input type="checkbox"/> Refugee Cash Assistance (RCA) |
| <input type="checkbox"/> Free/Reduced Priced School Lunches | <input type="checkbox"/> State Food Assistance Program (FAP) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> WIC | |
| <input type="checkbox"/> Section 8 Housing or Other Housing Program | |

3. **In-Kind Support** (this includes money, goods, or services received by you or your parent(s), from someone else)
- **Example 1:** If you and your parent(s) are homeless but a friend or extended family member is providing the household with room and board, you need to determine the market value of how much they could get by renting out their couch or room and the value of the food you received.
 - **Example 2:** You are living with your girlfriend(boyfriend) while you go to school, and they are paying all the bills, you are receiving half of the benefit of those payments so you must report half of those costs as in-kind support.
 - **Example 3:** Your parents were living with someone other than you (the student), and that person paid all the bills, your parents received half of the benefit of those payments so they must report half of those costs as in-kind support.

Name of In-Kind Support Source examples: rent, food, housing, cell service, internet, utilities, clothing, transportation.	Who received the support?	Who provided the support? If not an organization, then list relationship of person providing the support.	Amount Received in 2021
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Independent Student Section

1. **Your FAFSA or WASFA listed that you (and/or your spouse) had little to no income information.**

- Please explain, in detail, how you paid for you, spouse and your dependents 2021 basic living expenses such as rent, utilities, food, Federal Student Aid Loans, etc. The more detail you provide, the better.

2. **Social Services:** Check all that apply (these are federal and state social services you and or your spouse may have received in 2021 to help cover your basic living expenses)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Section 8 Housing or Other Housing Program |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> SNAP (WA Basic Food) | <input type="checkbox"/> Reduced Utilities |
| <input type="checkbox"/> Free/Reduced Priced School Lunches | <input type="checkbox"/> Refugee Cash Assistance (RCA) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> State Food Assistance Program (FAP) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Other: _____ |

3. **In-Kind Support** (this includes money, goods, or services received by you, from someone else)
- **Example 1:** You and/or your spouse were homeless in 2021, but a friend was providing room and board, determine the market value of how much the friend could get by renting out their couch and the value of the food you and/or your spouse received.
 - **Example 2:** Your spouse was living with someone other than you (the student), and that person paid all the bills, your spouse received half of the benefit of those payments so they must report half of those costs as in-kind support).
 - **Example 3:** You and/or your spouse were living with parent(s) in 2021 and they supported you financially, you'll report all of their financial support for you, including the value of the room you sleep in, the food you eat, the utilities you consume, the bills they pay on your behalf, and any cash they give you).

Name of In-Kind Support Source examples: rent, food, housing, cell service, internet, utilities, clothing, transportation.	Who received the support?	Who provided the support? If not an organization, then list relationship of person providing the support.	Amount Received in 2021
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

A specific question asked of you via email or ctLink Portal Message Center Student

If you were asked a specific question by the Financial Aid Office, please refer to that question and answer it here.

Signature * Parent signature is required for dependent students*

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*Required if dependent student

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