

# Student Income Validation 2024-2025

Website: [financialaid.highline.edu](http://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
-----------	------------	----------------------------	-------------------

## Income Validation Instructions

- Include all income earned in 2022 and social services in 2022 or 2023, even if that income was earned out of the state of Washington or in a foreign country.
- The requested Contributor must sign and date the form for it to be accepted by the Financial Aid Office.
- Important: You must complete a new form for each Contributor. Ex. If you were asked to complete the Income Validation Form for both the Student and Parent 1, each of you must complete, sign, and submit a separate form.

## Explanation of family support

Please explain how you were financially supported in 2022 such as rent, utilities, food, etc. If a bill was paid with funds other than the income earned by you, list the amount and who gave it to you. If you worked in 2022, provide the name of the employer and the amount earned in US dollars (convert to US dollars if necessary).

**Social Services:** Check all that apply (these are federal and state social services you or your parents may have received in 2022 or 2023 to help cover the household's 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: _____                               |

## Signature(s)

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: \_\_\_\_\_