

2009-2010

Low Income Statement – Dependent Student

A review of your financial aid application indicates that your parents’ total income from all sources during 2008 appears to be unusually low. Your parents must list their monthly expenses and sources of support they received in the 2008 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

SECTION I – STUDENT INFORMATION

Name: _____ **Social Security Number:** _____

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2008?

No
 Yes. If yes, list the name(s) of the source _____

How much was received per month in 2008? \$ _____ Number of months assistance received in 2008: _____

2. Did your parents live with a relative or someone else who provided them with free room and meals in 2008?

No Yes

SECTION II – LIST OF EXPENSES AND SUPPORT FOR 2008

Complete the chart below with your parents’ monthly expenses *during 2008*. Do NOT put \$0 in the monthly expenses unless the expense does not apply to the household.

If someone else pays the expense(s), you must still show the dollar amounts UNDER Monthly Expenses.

Parents’ Living Expenses	Monthly Expenses List the amount per month from January 1, 2008 to December 31, 2008	Source of Support
1. Housing (rent, mortgage)	\$ _____	<input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____
2. Child Care	\$ _____	<input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____
3. Food	\$ _____	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Other _____
4. Utilities	\$ _____	<input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Other _____
5. Medical/Dental	\$ _____	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Other _____
6. Clothing	\$ _____	
7. Auto (car payments, insurance, maintenance)	\$ _____	
8. Other Personal Expenses	\$ _____	
TOTAL MONTHLY EXPENSES/SUPPORT	\$ _____	

This form will be considered incomplete and returned to you for completion if ANY items are left blank.

By signing this worksheet, we certify that all the information reported to qualify for student financial aid is true and accurate. We understand that if this form is incomplete, the student’s aid will be delayed. (One parent must sign this form).

Student Signature _____ Date: _____

Parent Signature _____ Date: _____