

2009-2010**Low Income Statement – Independent Student**

A review of your financial aid application indicates that your (and your spouse's) total income from all sources during 2008 appears to be unusually low. You and your spouse (if applicable) must list your monthly expenses and sources of support 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 you (and/or your spouse) receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2008?	
<input type="checkbox"/> No <input type="checkbox"/> 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 you (and/or your spouse) live with a relative or someone else who provided free room and meals in 2008?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION II – LIST OF EXPENSES AND SUPPORT FOR 2008

Complete the chart below with your **monthly** expenses for 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.

Student 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, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if this form is incomplete, my student aid will be delayed.

Student Signature _____ Date: _____