



2016-2017 Parent Low Income Statement Form
Student Financial Aid Office

Section I: GENERAL INFORMATION

Name _____ Student ID # _____
 Email _____ Phone # _____ Date of Birth _____

Section II: Please provide a response to ALL of the questions below. DO NOT LEAVE ANY QUESTION BLANK. Use \$0 if the monetary item does not apply to you.

1. Did you receive financial support from any of these sources in 2015?

- TANF Section 8 Housing Social Security WIC Financial Aid Medicare/Medicaid
 VA housing Allowance Other Income \$ _____

Additional space provided for explanation, if needed.

3. Please indicate the amount of support for the following expenses in 2015. Amounts should be indicated as monthly and please list the name of the person who paid the expenses:

| Student 2015 Expenses | | | Parent 2015 Expenses | | |
|--|-----------|---------|--|-----------|----------------|
| | Per Month | Paid By | | Per Month | Paid By |
| Example: Dry Cleaning | \$30 | Parents | Example: Cable | \$30 | Myself, Mother |
| Housing (Room/Rent) | \$ | | Housing (Room/Rent) | \$ | |
| Utilities | \$ | | Utilities | \$ | |
| Car Payment | \$ | | Car Payment | \$ | |
| Car Insurance | \$ | | Car Insurance | \$ | |
| Gas or Transportation | \$ | | Gas or Transportation | \$ | |
| Food/Meals | \$ | | Food/Meals | \$ | |
| Telephone or Cell Phone | \$ | | Telephone or Cell Phone | \$ | |
| Other Personal Expenses (i.e., clothing, childcare, etc.) | \$ | | Other Personal Expenses (i.e., clothing, childcare, etc.) | \$ | |
| TOTAL: | \$ | | TOTAL: | \$ | |
| Annual Amount (Total x 12 months) | | | Annual Amount (Total x 12 months) | | |

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 ANY PART OF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Signature: _____ Date ____/____/____

Parent: _____ Date ____/____/____