



## 2009-2010 LOW INCOME STATEMENT DEPENDENT STUDENT

Student Financial Aid & Scholarships

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[www.gram.edu](http://www.gram.edu)

*A review of your financial aid application indicates that you and/or your parent(s) total income from all sources for 2008 appear to be unusually low. You and your parent(s) must provide **ALL** of the information requested on this form and return the document to the Financial Aid Office within 15 days of receipt.*

### SECTION A — STUDENT INFORMATION

Name: \_\_\_\_\_ SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First M.I.

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

☐ NO

☐ YES — List the name(s) of the benefit: \_\_\_\_\_

How much was received per month in 2008? \$ \_\_\_\_\_ \$ \_\_\_\_\_

You

Your parent(s)

Number of months you received assistance in 2008: \_\_\_\_\_

You

Your Parent(s)

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

☐ NO

☐ YES — NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

➔ IS YOUR NAME LISTED ON THE LEASE/MORTGAGE? ☐ YES ☐ NO

3. Did your parent (s) and/or you earn any income in 2008?

☐ NO

☐ YES — How much?

Parent: \$ \_\_\_\_\_  
(Total amount for 2008 in U.S. dollars)

Source: \_\_\_\_\_

Student: \$ \_\_\_\_\_  
(Total amount for 2008 in U.S. dollars)

Source: \_\_\_\_\_

## SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2008

Your parent(s) must list their monthly expenses, and indicate who paid for the expenses during the 2008 calendar year. While it may be difficult for them to determine some of these figures, it is necessary to provide us with the most accurate information.

**PLEASE NOTE:** This form will be considered incomplete and returned for completion if the explanation is missing or does not provide enough detail. Indicate zeros for the expenses that do not apply. You must list expenses for #s 1, 3, 7, 8 & 9.

<b>PARENTS' LIVING EXPENSES</b>	<b>EXPENSES</b> List the amount per month from January 1, 2008 to December 31, 2008	<b>WHO PAID THIS EXPENSE?</b>
1. Housing (rent/ mortgage)	\$	
2. Child Care	\$	
3. Utilities/Food	\$	
4. Credit Card(s)	\$	
5. Medical/Dental	\$	
6. Auto (car payments, insurance, maintenance)	\$	
7. Other Personal Expenses	\$	
<b>8. TOTAL MONTHLY EXPENSES/SUPPORT</b>	\$	
<b>9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)</b>	\$	

**SECTION C — ADDITIONAL COMMENTS** *(Attach a separate sheet if necessary)*

[illegible]

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 FINANCIAL AID WILL BE DELAYED. (ONE PARENT MUST SIGN THIS FORM.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_