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Independent Minimal Income Statement Form

Student	t Name: Student ID #: L
Home F	Phone #: Other Phone #
for 2010	w of your 2011-2012 Free Application for Federal Student Aid (FAFSA) indicates that your total income from all sources 0 appears to be unusually low. Therefore additional information is required before the Office of Financial Aid can ine your eligibility for student aid.
	INSTRUCTIONS:
1. 2.	Complete Sections A, B, C, & D. Sign in Section D and return the document within 10 days of receipt to the Office of Financial Aid.
SECTI	ON A Student Data and 2010 Income Information
1.	Did you live with a relative or another individual in 2010 who provided you with free room and board?
	NoYes → Name:
	Relationship:
	Are you listed on the lease/mortgage?NoYes
2.	Did you/your spouse live in another country in 2010?
	No→Stop here and go to question 5.
	Yes→What country?→CONTINUE TO QUESTION 3.
3.	Did you/your spouse earn income in your home country (other than the United States) in 2010?
	No Yes→ How much? (in U.S. Dollars) If Yes, do not leave this blank. You must write the TOTAL amount you earned in 2010. Convert the total amount into U.S. Dollars.
4.	List the date you immigrated to the United States://
5.	Did anyone claim you on their 2010 Federal Income Tax return?
	NoYes → Name:
	Relationship:
6.	Did anyone claim your child(ren) on their 2010 Federal Income Tax return?
	I don't have child(ren) No Yes → Name:
	Relationship:

SECTION B - List of Expenses and Support for 2010

- Column A: Write in the monthly charge from January 1, 2010 through December 31, 2010 for each of the listed expenses. If there was no charge, you must write "\$0."
- Column B: Write the name of the person or agency who paid or helped to pay this expense.
- Column C: Write the amount of CASH SUPPORT the person or agency named in Column B paid or helped to pay per month from January 1, 2010 through December 31, 2010. If there was no cash support paid, you must write "\$0."
- Income Chart: Write the amount of monthly income from each source. Include cash support from friends or family in the "Other" section. If there is no income from a specific source, you must write "\$0."

CASH SUPPORT includes money that is given to you or paid on your behalf. This would include cash or someone paying a bill that is in your name. Example: If a friend, relative, parent or child gave you grocery money, it's reported as untaxed income. If a friend, relative, parent or child paid your cell phone bill, electric bill, part of your rent or mortgage, you must report those payments as untaxed income.

Student ID: L	A	В	С	
Expenses	What was the monthly cost from January 1, 2010 to December 31, 2010?	Write the name of the person or agency who paid or helped to pay this expense.	How much did this person or agency pay per month from January 1, 2010 to December 31, 2010?	
Housing (rent, mortgage)	\$ /month		\$ /month	
Utilities (heating costs, telephone, electricity, cable, cell phone)	\$ /month		\$ /month	
Child Care/Dependent Care	\$ /month		\$ /month	
Child Support Paid	\$ /month		\$ /month	
Automobile Expenses (payments, insurance, and general maintenance)	\$ /month		\$ /month	
Credit Card(s)	\$ /month		\$ /month	
Medical/Dental	\$ /month		\$ /month	
Groceries	\$ /month		\$ /month	
Other Personal Expenses (clothing, toiletries)	\$ /month		\$ /month	

Income Source	Amount	Income Source	Amount	
Wages/Self-Employment	\$ /month	Worker's Compensation	\$ /month	
Interest/Dividend Income	\$ /month	Untaxed Pension	\$ /month	
Unemployment	\$ /month	Social Security (SSI)	\$ /month	
Alimony	\$ /month	Social Security Disability	\$ /month	
Child Support Received	\$ /month	Social Security Benefits	\$ /month	
Food Stamps	\$ /month	Veteran's Benefits	\$ /month	
Welfare Cash Benefits	\$ /month	Other:	\$ /month	
Housing Allowance	\$ /month	Money paid on your behalf:	\$ /month	

SECTION C – Additional Comments:

YOU ARE REQUIRED TO PROVIDE AN EXPLANATION on how you were able to meet your day to day expenses from January 1, 2010 through December 31, 2010. *If monthly income is less than monthly expenses, attach a separate sheet with an explanation of how you cover your expenses. Put your student ID # on all attachments.*

SECTION D - Certification

I understand that if I purposely give false or misleading information, LCCC will cancel the student's financial aid and report conflicting information to the Office of Inspector General for investigation. For federal financial aid, if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both. I declare that the information is true, correct and complete to the best of my knowledge and belief.

By signing this document, I certify that all the information reported to qualify for student financial aid is true and accur	ate. I
understand that if this document is incomplete, my student financial aid award will be delayed.	

Student Signature:	Data:	/	1
Student Signature.	 Date.	 '	