

Financial Aid Income Statement

Student's Name:		SSN or Student ID:		
You reported very little income or no income on your living expenses. Failure to complete and subfinancial aid eligibility.				
EXPENSES for year with low income				
	Cost per Month	Number of Months	Yearly Total	
Rent	\$		\$	
Food	\$		\$	
Utilities (water, electric, phone, etc.)	\$		\$	
Clothing	\$		\$	
Medical/Dental	\$		\$	
Car Payments	\$		\$	
Gas, oil, car Maintenance	\$		\$	
Bus Fare	\$		\$	
Cash	\$		\$	
Other Expenses	\$		\$	
TOTAL EXPENSES	\$		\$	
If you show NO income, how did you meet your li If someone provided the support for you, please lis value amounts in the table above.			ip on the line pro	ovided and list the
What are your resources for the year you did not fi	le?			
Certification: All of the information on this form is true and corrauthorized official, I/we agree to give proof of the realize that purposely giving false or misleading in both.	information th	at I/we have	provided on this	form. I/we also
	Student Signature			Date
Southwest Georgia Technical College does not discriminate on the basis of	race, color, national	origin, gender or d	isability. The Title IX Co	oordinator: Joyce