

# **Office of Financial Aid**

## 2012-2013 Student Monthly Expense Form

You reported an unusually low amount of income for your family on your FAFSA. *Less than \$1500 per household member reported is customarily unusually low.* If the information reported on your FAFSA is correct, please complete this form and submit to the Office of Financial Aid. Upon review by a financial aid counselor, additional documentation may be required. If you have questions about completing this form please email us at financialaid@ccp.edu

This form will be considered incomplete if items are missing, unclear, or if the form is not signed.

### Section A – Student Information

Stuc	lent Name (please print)	J#		
<ul> <li>Did you/your spouse receive Welfare, SSI (disability), or Social Security checks in 2011?</li> <li>No</li> <li>Yes – list the name(s) of the source</li></ul>				
	Yes – list the name(s) of the source			
	How much was received per month in	2011?		
	Number of months you received assist	ance in 2011:		
201		else who is providing you with free room and board in		
	Yes – Name:	Relationship:		
201	1? No	e else who is providing you with free room and board in		
	Yes – Name:	Relationship:		
Did you/your spouse live in another country in 2011? <ul> <li>No</li> <li>Yes –What Country?:</li> </ul>				
	you/your spouse immigrate to the United States? No			
	Yes –When did you (and your spouse) arrive in the	e United States?:		
Did you/your spouse earn income in your home country in 2011?				
	Yes -how much? (Total annu	al amount in 2011 in U.S. dollars)		

### Section B- List of Expenses and Support for 2011

A review of your financial aid application indicates that you (and your spouse's) total income from all sources for 2011 appears to be unusually low. You (and your spouse) must list your monthly expenses, your monthly amount of support, and your source of support that you (and your spouse) received in 2011 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

Please note: If you (and your spouse's) monthly expenses are more than the 2011 income they listed on the Free Application for Federal Student Aid (FAFSA), you (and your spouse) must provide an explanation in the additional comments" section. Attach a separate sheet if necessary. *This form will be considered incomplete and returned to you for completion of the explanation is missing or does not provide enough detail.* 

Student Living	Expenses	Who Paid this Expense?
Expenses	List <i>monthly</i> expense amount for	(If only a portion was paid, please explain)
	January 1,2011- December 31,2011	
1. Rent		
2. Food		
3. Childcare		
4. Clothing		
5. Credit Cards(s)		
6. Medical/Dental		
7. Transportation		
8. Total Monthly		
9. Total Annual (Line 8 x 12 months)		

Additional comments: If your income has increased in 2012, please explain how and list your total anticipated income (taxable and nontaxable income) for 2012, *attach a separate sheet if necessary*.

INCOME for 2012	SOURCE

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 financial aid will be delayed.

Student Signature	Date
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#### Please return to:

Office of Financial Aid Community College of Philadelphia 1700 Spring Garden Street, Room MG-13 Philadelphia, PA 19130 You may instead fax all pages to: (215) 972-6234 Please include your student I.D. number (J#) on all faxed pages.

Note: Additional information may be requested at a later date.