

2011-2012 MINIMAL INCOME STATEMENT

DEPENDENT STUDENT

A review of your financial aid application indicates that your (and your parents') total income from all sources for 2010 appears to be unusually low. Please complete <u>ALL</u> of the information requested on this form and return it to the Office of Financial Aid. **NOTE:** "Dependent" students by Federal financial aid definitions must provide parent/stepparent information.

ame:		Social	Social Security No. or Student ID:					
	ss:							
aar c	(City)	(State)	(Zip Code)					
1.	Did you (or your parents) receive AFDC/7 year of 2010?	ΓANF (welfare), SSI	(disability), or Social Security ben	efits in tl				
	□ No □ YES							
	LIST BENEFITS RECEIVED IN 2010	MONTHLY AMOUNT	Number of Months Receiv	/ED				
2.	Did you (and your parents) live with a relative or someone else who provided you with free room and boar in the year of 2010?							
	□ NO □ YES — NAME:	RELATIONSHIP:						

COMPLETE BACK OF PAGE

You (and your parents) must list your monthly expenses and the source(s) of support that you (and your parents) received in the 2010 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information. "Other Personal Expenses" include money received, or paid on your behalf (e.g., bills in your name), food, toiletries, etc. Complete all blanks (empty blanks are not assumed as zero). Enter a zero for any items which do not apply.

HOUSEHOLD LIVING EXPENSES	MONTHLY AMOUNT JANUARY 1, 2010 TO DECEMBER 31, 2010	AMOUNT PAID BY YOU	AMOUNT PAID BY SOMEONE ELSE	NAME OF PERSON WHO PAID
1. Housing (rent/mortgage)	\$	\$	\$	
2. Child Care	\$	\$	\$	
3. Electricity	\$	\$	\$	
4. Heating (oil or gas)	\$	\$	\$	
5. Water/Sewer	\$	\$	\$	
6. Telephone	\$	\$	\$	
7. Cell Phone	\$	\$	\$	
8. Auto (car payments, insurance, maintenance	\$	\$	\$	
9. Medical/Dental (insurance)	\$	\$	\$	
10. Groceries	\$	\$	\$	
11. Clothing	\$	\$	\$	
12. Other Personal Expenses	\$	\$	\$	
13. TOTAL MONTHLY EXPENSES/SUPPORT	\$			
14. TOTAL YEARLY EXPENSES/SUPPORT (Line 13 x 12 months)	\$			

PLEASE NOTE: If your (and your parents') monthly expenses are more than the 2010 income listed on the Free Application for Federal Student Aid (FAFSA), you (and your parents) must provide an explanation in **SECTION C** — **ADDITIONAL COMMENTS**.

Section C — Additional Comments (Attach	a separate s	sheet if i	iecessary)	
By signing this worksheet, I certify that all the information repetitue and accurate. I understand that if this form is incomplete,				CIAL AID IS
Student Signature:	Date:	/	/	_
Parent Signature:	Date:	/		_