



Low Income Worksheet 2009-2010

Student's Name: _____

Student's SSN: _____ Student's ID: _____

Student's Email Address: _____

The income on your FAFSA appears to be insufficient to meet basic living expenses. Please itemize your monthly expenses and resources in the appropriate column below (regardless of who paid them) Dependent Students must provide parent's information and Independent Students must provide spouse's information (if applicable):

Monthly Expenses for 2008

Monthly Cost of Housing? (If zero, please explain) \$ _____
Monthly Cost of Utilities \$ _____
Monthly cost of Food \$ _____
Monthly cost of Auto Payment, Insurance & Gas \$ _____
Monthly Cost of Child Care \$ _____
Other Expenses \$ _____

Monthly Resources for 2008

Students Wages \$ _____
Spouse/Parent's Wages \$ _____
Child Support Received for all children \$ _____
Resources from Relatives \$ _____
TANF/Welfare \$ _____
VA Benefits \$ _____
Social Security/Disability Benefits \$ _____
Unemployment Benefits \$ _____
Other Income \$ _____

If your total expenses are more than your total resources, please provide a detailed explanation of how you met your expenses on the back.

I (We) hereby affirm that all information on this form is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and or repayment of financial aid

Student's Signature & Date

Spouse/Parent's Signature & Date