

2019-2020 Low Income Statement

Student's Name: _____ Student ID#: _____

The income reported by you and/or parents on your Financial Aid Application does not appear to have been sufficient to have met basic living expenses for the 2017 calendar year. Please provide detailed income and resource information.

List all expenses for 2017

If nothing was paid, what was paid on your behalf? Highlighted area cannot be \$0.00	STUDENT Monthly Amount	PARENT(S) on your FAFSA Monthly Amount
Housing and utilities	\$	\$
Food	\$	\$
Transportation	\$	\$
Insurance	\$	\$
Personal Expenses	\$	\$

List all income and resources for 2017

Any income or resource will require documentation to be attached.	STUDENT Monthly Amount	PARENT(S) on your FAFSA Monthly Amount
Student's Income Earned	\$	\$ /
Spouse's Income Earned	\$	\$ /
Father's Income Earned	/	\$
Mother's Income Earned	/	\$
Federal Stafford Loan	\$	\$
Unemployment Compensation	\$	\$
Child Support/Maintenance Support		
Pension/Disability	\$	\$
Social Security/SSI	\$	\$
VA Benefits (Type:)	\$	\$
Public Assistance TANF/Cash Assistance	\$	\$
Food Stamps/Funding for food	\$	\$
Other Untaxed Income	\$	\$
Name of person/agency providing Support:	Support Provided to Student	Support Provided to Parent(s)
	\$	\$

(If you were supported by another person, please include a signed statement from him/her.) Use the area below to provide any additional information that would help clarify how you and/or your parents met their living expenses:

Send this completed form with supporting documentation to the Financial Aid Office at Cochise Community College. I certify that the above is a true and complete statement of my personal circumstances. I accept the responsibility to inform the Financial Aid Office of changes to the above financial data as they occur.

Student's signature

Date

Parent's Signature

Date