



Student Name: _____ FRC ID: _____

You indicated on your FAFSA and verification documents that you and your family have a low amount of earned income. Please complete both sides of this form and return it to the Financial Aid office.

SECTION A – FAMILY INFORMATION

1. Did you and/or your spouse receive AFDC/TANF (welfare), SSI, or Social Security benefits in **2015**?

- NO
 YES – List the type(s) of the benefit: _____

How much was received per month in 2015? \$ _____ \$ _____
You Spouse

Number of months you received assistance in 2015: _____

2. Did you and/or your spouse live with a relative or someone else who provided free room and board in **2015**?

- NO
 YES – Name: _____

Relationship: _____

Is your name listed on the lease/mortgage? YES NO

3. Did you and/or your spouse earn income in another country in **2015**?

- NO (proceed to Section B on next page)
 YES – How much? _____

If **YES**, did you and/or your parent **file taxes in another country** in **2015**?

- NO (proceed to Section B on next page)
 YES – How much? _____

(Total 2015 amount in the currency from the country listed above)



SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2015

You and your spouse must list the monthly expenses, and indicate who paid for the expenses during the **2015** calendar year. **NOTE: IF YOU LIVED WITH SOMEONE, INDICATE WHAT YOUR PORTION WOULD BE IF YOU WERE PAYING THE EXPENSES.** While it may be difficult for them to determine some of these figures, it is necessary to provide us with the most accurate information.

THIS FORM WILL BE CONSIDERED INCOMPLETE AND RETURNED FOR COMPLETION IF SPACES ARE LEFT BLANK, THE EXPLANATION IS MISSING OR NOT ENOUGH DETAIL WAS PROVIDED.

STUDENT/SPOUSE LIVING EXPENSES	EXPENSES List the amount paid per MONTH from January 1, 2015 to December 31, 2015	WHO PAID THE EXPENSE?
1. Housing (rent/mortgage)	\$	
2. Utilities	\$	
3. Food	\$	
4. Child Care	\$	
5. Credit Card(s)	\$	
6. Medical/Dental	\$	
7. Auto (car payments, Insurance, maintenance)	\$	
8. Other Personal Expenses	\$	
9. TOTAL MONTHLY EXPENSES/SUPPORT	\$	
10. TOTAL YEARLY EXPENSES/SUPPORT (Line 9 x 12 months)	\$	

SECTION C – PERSONAL STATEMENT

Explain in detail how you survived on such low income in **2015** (attach paper if more space is needed).

Certification and Signatures

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.

WARNING! If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date _____

Spouse Signature: _____ Date _____
(Optional)

**THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**