

**Dependent Student
 2009-2010 Low Income/Means of Support**

2009-2010

Students Name: _____

LCC ID #: _____ Daytime Phone Number: _____

Please Complete Using Black Ink

Following a review of your FAFSA and supporting documentation, the 2008 income reported appears to be low considering the number of people in the household. Please complete the worksheet below to provide our office with Parent income and expense information for the **calendar year 2008**. **DO NOT LEAVE BLANKS**; enter 0 if appropriate. Incomplete forms will be returned and will delay processing.

Parent(s) 2008 Annual Income and Resources	Jan 1 – Dec 31 2008	Parent(s) 2008 Annual Living Expenses	Jan 1 - Dec 31 2008
Earnings and Employment	\$	Rent/Mortgage	\$
Child Support Received	\$	Utilities	\$
Unemployment Benefits	\$	Food	\$
Disability	\$	Child Care	\$
Monetary Gifts	\$	Transportation	\$
Housing, food or other living expenses paid by others (member of the clergy, military, etc.)	\$	Medical/Dental	\$
Cash support from others	\$	Insurance	\$
Financial Aid Received 2008-2009	\$	Personal/Entertainment	\$
Other (Specify)	\$	Other (specify)	\$
	\$		\$
	\$		\$
Total 2008 Parent(s) Income (Column A)	\$	Total 2008 Parent(s) Expenses (Column B)	\$

Please be specific with regards to sources of income. Also, if any of the expenses listed were paid by another individual (e.g., friend, relative, and parent) or funds were received from someone to pay for any of these expenses, indicate the amount received or amount of expense(s) paid, and by whom. Attach another page if needed. **If the expenses in Column B exceed the income & resources in Column A, please explain how expenses were met.**

By signing this form, we certify that all the information reported to qualify for federal student aid is complete and correct.

Parent Signature: _____ Date: _____