



Lassen Community College  
 Financial Aid Office  
 P.O. Box 3000  
 Susanville CA, 96130  
 530-251-8849

## 2024-2025 Low Income Follow Up: Dependent

Income information reported on your Free Application for Federal Student Aid (FAFSA) for your parent(s) was blank, OR unusually low in relationship to your parent (s) family size. This could be due to the exclusion of household resources from total income for 2022. Please have your parent(s) answer the following questions to help us better understand and document your parent(s) situation clearly. We will continue processing your financial Aid application for the 2024-2025 award year when this form is completed and returned to our office. **Please complete this form in blue or black ink only. Do not leave any sections blank. Incomplete forms will not be processed. Do not use whiteout.**

### Section A: Student Information

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Student ID #

### Section B: Income & Expenses – Parent(s)

| Expenses for 2022          |           | <u>ALL</u> Sources of Income for 2022             |           |
|----------------------------|-----------|---|-----------|
| Monthly Total              |           | Monthly Resources                                 |           |
| Rent/ Mortgage Payment     | \$        | Income from a job not reported on 2021 Tax return | \$        |
| Utilities                  | \$        | Gift Money  | \$        |
| Car Payment/insurance/ gas | \$        | Credit Cards/Loan                                 | \$        |
| Health Insurance           | \$        | Social Security Income                            | \$        |
| Food                       | \$        | TANF/SNAP   | \$        |
| Transportation             | \$        | Child Support received                            | \$        |
| Entertainment              | \$        | Money paid on your behalf                         | \$        |
| Personal/ Other            | \$        | Unemployment                                      | \$        |
| Other _____                | \$        | Combat pay/Military Allowance                     | \$        |
| Other _____                | \$        | Financial Aid/ Scholarships                       | \$        |
| Other _____                | \$        | Charitable Agencies/ Family/ Church Friends       | \$        |
|                            | \$        | Savings   | \$        |
|                            | \$        | Other: _____                                      | \$        |
| <b>Total:</b>              | <b>\$</b> | <b>Total:</b>                                     | <b>\$</b> |

### Section C: Explanation

If expenses are more than income, please provide an explanation of how your parent(s) met these expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section D: Certifications & Signature**

I/We certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. **Signatures are required for all persons reporting income above.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date