



## Explanation of Low Income

*Please use this form to explain how your expenses were met in 2007.*

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      Student ID Number

\_\_\_\_\_  
Address                                      (Apt#)                                      City                                      State                                      Zip

### INCOME

*Indicate all sources of household income during the 2007 calendar year.*

Source of Income	Amount	Income earned or received by:		
	\$ _____	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent
	\$ _____	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent
	\$ _____	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent

**Check the box that explains how and by whom your expenses were paid during the 2007 calendar year.  
Do not leave any field blank. Place a '\$0.00' if the item does not apply.**

STUDENT	PARENT or SPOUSE	OTHER - please explain. (ex: Financial aid, TANF, WIC, etc.)	Explanation of Expense	2007 Total Cost (circle duration)
			Tuition, Fees, Books, Supplies	\$ _____ per sem. / month / year
			Housing, Utilities, Phone	\$ _____ per sem. / month / year
			Living Expenses (ex: groceries, clothing, etc.)	\$ _____ per sem. / month / year
			Car payment, insurance, maintenance	\$ _____ per sem. / month / year
			Personal loans and credit cards	\$ _____ per sem. / month / year
			Medical expenses (ex: insurance, prescriptions, etc.)	\$ _____ per sem. / month / year
			Child Care	\$ _____ per sem. / month / year
			Other _____	\$ _____ per sem. / month / year
<b>TOTAL 2007 EXPENSES</b>				<b>\$ _____</b>

\_\_\_\_\_  
Student Signature                                      Date                                      Parent Signature (if dependent)                                      Date

*Please use the back of this form to explain any additional information you feel is relevant to your situation.*