

Parent's Signature___

2011-2012 LOW INCOME STATEMENT DEPENDENT STUDENT

Office of Financial Aid - One University Avenue - Bourbonnais, IL 60914-2345 (815) 939-5249 Fax: (815) 939-5074

Student's Printed Name		tudent Soc. Sec. #	Student ONU ID#
and the student explaining wha and expense worksheet below a	t their expenses were and and submit this form to the	n low incomes submit a written stated how they were able to meet there of Pinancial Aid as soon as asses are greater than income, exp	n. Please fill out the income possible. Do not leave any
2010 Monthly Expenses	Parent's 2010 Monthly Expenses From January 1, 2010 to December 31, 2010	2010 Monthly Income	Parent's 2010 Monthly Income from January 1, 2010 to December 31, 2010
Housing (if 0 explain below)		Earnings from all jobs	
Utilities (if 0 explain below)		Unemployment Compensation	
Food (if 0 explain below)		Social Security/Disability Benefits	
Car Payment/Insurance		Welfare Benefits, TANF	
Car Maintenance/Gas		Food Stamps	
Child Support/Alimony Paid		Child Support Received	
Child Care		Alimony/Palimony Received	
Clothing		Bills paid by someone else on your behalf (total dollar value)	
Other:		*Support provided by others. Please explain below	
Other:		Other: Explain Below	
Total 2010 Monthly Parent's Expenses		Total 2010 Monthly Parent's Income	
Examples of support include honow expenses were met.	ousing, food, clothing, non	-cash gifts, etc. If expenses are gr	reater than income, explain
Student's Signature		Date	

Date_