2010-2011 LOW INCOME STATEMENT
INDEPENDENT STUDENT

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

_____ _____ _____
Student's Printed Name Student Soc. Sec. # Student ONU ID#

Federal regulations require that independent applicants with low incomes submit a written statement signed by the student explaining what their expenses were and how they were able to meet them. Please fill out the income and expense worksheet below and submit this form to the Office of Financial Aid as soon as possible. **Do not leave any blanks.** (If the answer is zero, please put 0.) If expenses are greater than income, explain how expenses were met below.

2009 Monthly Expenses	**Student/Spouse Monthly Expenses** From January 1, 2009 to December 31, 2009	**2009 Monthly Income**	**Student/Spouse Monthly Income** From January 1, 2009 to December 31, 2009
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 2009 Monthly Student/Spouse Expenses		**Total 2009 Monthly Student/Spouse Income**	

*Examples of support include housing, food, clothing, non-cash gifts, etc. If expenses are greater than income, explain how expenses were met.

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Student's Signature_____ Date_____

Spouse's Signature_____ Date_____
(If married, spouse's signature is optional)