

2013-2014 LOW INCOME STATEMENT DEPENDENT STUDENT

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

Monthly Expenses \$	Earnings from all jobs	Monthly Income
		Ψ
\$	Unemployment Compensation	\$
\$	Social Security/Disability Benefits	\$
\$	Welfare Benefits, TANF	\$
\$	Food Stamps	\$
\$	Child Support Received	\$
\$	Alimony/Palimony Received	\$
\$	Bills paid by someone else on your behalf (total dollar value)	\$
\$	*Support provided by others.	\$
\$	Other: Explain Below	\$
\$	Total 2012 Monthly	\$
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Benefits Welfare Benefits, TANF Food Stamps Child Support Received Alimony/Palimony Received Bills paid by someone else on your behalf (total dollar value) *Support provided by others. Please explain below Other: Explain Below Total 2012 Monthly

Student's Signature_____ Date____

Parent's Signature_____ Date____