

# 2008-2009 Low Income Clarification

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_  
k number \_\_\_\_\_

In reviewing your financial aid application, the household income appears unusually low. Please supply the information below to provide a better understanding of 2007 income and expenses. The information provided should be for you (the student), unless you were required to include parent information on the FAFSA, in which case parent(s) expenses and livelihood should be reported as well.

Please indicate the average monthly expense of each item listed Also list the sources of income, benefits, or support provided by others, which paid each expense. **Complete all items - if something does not apply, enter "0"**. See page 2 for examples. You may also include a written statement if there is information you feel we need that is not represented on this form.

Expense	Amount per month	Source of Payment (i.e., Parent, FIP, Significant Other, SSI, etc)
Rent or House Payment	\$	
Utilities	\$	
Phone	\$	
Groceries	\$	
Car Payment	\$	
Car insurance, Gas, etc.	\$	
Medical/Dental	\$	
Personal (clothes, soap, etc.)	\$	
Child Care	\$	
Other (Please list)	\$	
<b>TOTAL</b>	\$	XXXXXXXXXXXXXXXXXXXXXXXXXX

List untaxed income and benefits received during 2007 (as reported on your FAFSA worksheets A & B). Include amounts received on behalf of dependent children (do not include untaxed financial aid). **Leave nothing blank.**

Source of Untaxed Income	Parent	Student	Source of Untaxed Income	Parent	Student
Social Security (non-taxed)	\$	\$	Military or Clergy Benefits	\$	\$
Welfare, AFDC, FIP, etc.	\$	\$	Payment to pension/401K	\$	\$
Child Support <u>Received</u>	\$	\$	Other:	\$	\$
<b>Untaxed Work Income</b>			<b>2007 Amount</b>		
Student: Employer/Source: _____, _____			\$		
Parent(s):Employer/Source: _____, _____			\$		

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct. Student signature is required, and if dependent, one parent signature. Return this form to Kirkwood Community College along with any other requested materials.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Spouse Date

\_\_\_\_\_  
Father/Stepfather Date

\_\_\_\_\_  
Mother/Stepmother Date