

Office of Student Financial Aid
Low Income Statement for Parent 2019-2020
TO BE COMPLETED BY THE PARENT

Student Last Name

Student First Name

MI

Student ID

The 2017 income reported on the student's 2019-2020 FAFSA appears insufficient to support the people in your household, no income was reported on the FAFSA, or some or all the income section on the FAFSA was left blank. Complete this form to clarify how you supported your household during 2017. Include all monthly costs from January 1, 2017 through December 31, 2017.

WRITE "0" OR N/A if not applicable. DO NOT LEAVE ANY SECTION BLANK.

- Indicate "paid in full" under "who paid for expenses" column if your home is paid for.
- Indicate "included in rent" under "who paid for expenses" column if utilities are included.

Documentation may be requested.

EXPENSES PER MONTH FOR 2017

Item	Parent Cost Per Month Paid by Someone Else	Who Paid for Expenses? (Myself, HUD, Friend, Significant other, etc.)	Amount Paid by You Per Month
Rent/Mortgage	\$		\$
Utilities (Electric, Gas, & Water)	\$		\$
Food (Indicate "0" Only If Received Food Stamps)	\$		\$
Telephone/Cable	\$		\$
Medical/Dental/Vision Insurance	\$		\$
Child Care Expenses Paid	\$		\$
Car Payment/Car Insurance/Transportation	\$		\$
Clothing	\$		\$
Other (Identify Sources)	\$		\$

INCOME PER MONTH FOR 2017

Source of Income	Amount Received Per Month
Wages from employment (Employer's Name or Business Income if self-employed)	\$
Child Support/Alimony Received (Please circle which applies)	\$
AFDC Benefits {Specify type(s) and amount(s)}	\$
Social Security/Social Security Disability (Please circle which applies)	\$
Unemployment/Worker's Compensation (Please circle which applies)	\$
Monetary gifts from family/friends	\$
Military or clerical housing, clothing, food, or cash (list cash value)	\$
Any other untaxed income (Please indicate source)	\$



Education for your future. Sisterhood for life.

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Did you (parent) receive Financial Aid refund(s) in 2017 to finance your expense Yes No
If "Yes", please indicated the amount: \$_____.

Please use this space provided to include any additional information

Certification – Read carefully before you sign.

I/we certify that federal law does not require me/we to file a 2017 U.S. federal income tax return and that one will not be filed. I hereby certify that all information contained in this document, including the documentation is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized and I may be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General.

Parent Signature

Date

**PLEASE RETURN TO:
Bennett College
Office of Student Financial Aid
900 East Washington Street
Greensboro, NC 27407
Fax: 336-517-2222 Telephone: 336-517-2204**

For Office Use Only

Expenses 2017

Income 2017

Untaxed Income 2017

12 x Expenses = \$_____ Minus 12 x Income = \$_____ = Total \$_____

(If Total Income Greater Than Expenses Untaxed Income=0)

Counselor Signature: _____

Date: _____