

SIERRA COLLEGE

FINANCIAL AID OFFICE

5000 Rocklin Road • Rocklin CA 95677 • Tel. (916) 660-7310 • Fax (916) 630-4541

DEPENDENT

2009-2010 LOW INCOME STATEMENT - DEPENDENT

A REVIEW OF YOUR FINANCIAL AID APPLICATION INDICATES THAT YOU AND/OR YOUR PARENT(S) TOTAL INCOME FROM ALL SOURCES FOR 2008 APPEARS TO BE UNUSUALLY LOW. YOU AND YOUR PARENT(S) MUST PROVIDE ALL OF THE INFORMATION REQUESTED ON THIS FORM AND RETURN THE DOCUMENT TO THE FINANCIAL AID OFFICE WITHIN 15 DAYS OF RECEIPT.

SECTION A — STUDENT INFORMATION

NAME: _____ Student ID #: _____
Last First MI.

1. Did your parents and/or you receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2008?

- NO
 YES — List the type(s) of the benefit: _____

How much was received per month in 2008? \$ _____ \$ _____
You Your parent(s)

Number of months you received assistance in 2008: _____
You Your parent(s)

2. Did your parents and/or you live with a relative or someone else who provided free room and board in 2008?

- NO
 YES — NAME: _____

RELATIONSHIP: _____

IS YOUR NAME LISTED ON THE LEASE/MORTGAGE? YES NO

3. Did your parents and/or you live in another country in 2008? **If NO, do not answer question 4.**

- NO
 YES — What country? _____

4. Did your parents and/or you earn income in their home country in 2008?

- NO
 YES — How much? _____

(Total amount for 2008 in your country's currency)

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SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2008

YOUR PARENT(S) MUST LIST THEIR MONTHLY EXPENSES, AND INDICATE WHO PAID FOR THE EXPENSES DURING THE 2008 CALENDAR YEAR. IF YOU LIVED WITH SOMEONE, INDICATE WHAT YOUR PORTION WOULD BE IF YOU WERE PAYING THE EXPENSES. WHILE IT MAY BE DIFFICULT FOR THEM TO DETERMINE SOME OF THESE FIGURES, IT IS NECESSARY TO PROVIDE US WITH THE MOST ACCURATE INFORMATION.

PLEASE NOTE: THIS FORM WILL BE CONSIDERED INCOMPLETE AND RETURNED FOR COMPLETION IF SPACES ARE LEFT BLANK OR THE EXPLANATION IS MISSING OR DOES NOT PROVIDE ENOUGH DETAIL.

PARENTS' LIVING EXPENSES	EXPENSES List the amount <u>per month</u> from January 1, 2008 to December 31, 2008.	WHO PAID THIS EXPENSE?
1. Housing (rent/ mortgage)	\$	
2. Child Care	\$	
3. Utilities	\$	
4. Food	\$	
5. Credit Card(s)	\$	
6. Medical/Dental	\$	
7. Auto (car payments, Insurance, maintenance)	\$	
8. Other Personal Expenses	\$	
9. TOTAL MONTHLY EXPENSES/SUPPORT	\$	
10. TOTAL YEARLY EXPENSES/SUPPORT (Line 9 x 12 months)	\$	

SECTION C — EXPLAIN IN DETAIL (Attach a separate sheet if necessary)

BY SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. WE UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, THE STUDENT'S FINANCIAL AID WILL BE DELAYED. (ONE PARENT MUST SIGN THIS FORM).

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____