

# SIERRA COLLEGE

## FINANCIAL AID OFFICE

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

DEPENDENT

## 2011-2012 LOW INCOME STATEMENT - DEPENDENT

A REVIEW OF YOUR FINANCIAL AID APPLICATION INDICATES THAT YOUR PARENT(S) TOTAL INCOME FROM ALL SOURCES FOR 2010 APPEARS TO BE UNUSUALLY LOW. YOUR PARENT(S) MUST PROVIDE ALL OF THE INFORMATION REQUESTED ON THIS FORM AND RETURN THE DOCUMENT TO THE FINANCIAL AID OFFICE.

STUDENT'S NAME: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First MI.

### SECTION A — PARENT INFORMATION

1. Did your parent(s) receive AFDC/TANF (welfare), SSI, or Social Security benefits in 2010?

NO

YES — List the type(s) of the benefit: \_\_\_\_\_

How much was received per month in 2010? \$ \_\_\_\_\_  
Your parent(s)

Number of months you received assistance in 2010: \_\_\_\_\_  
Your parent(s)

2. Did your parent(s) live with a relative or someone else who provided free room and board in 2010?

NO

YES — NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

IS YOUR PARENT(S) NAME LISTED ON THE LEASE/MORTGAGE?  YES  NO

3. Did your parent(s) live in another country in 2010? **If NO, do not answer question 4.**

NO

YES — What country? \_\_\_\_\_

4. Did your parent(s) earn income in another country in 2010?

NO

YES — How much? \_\_\_\_\_

(Total 2010 amount in the currency from the country listed above)

**(COMPLETE BACK OF PAGE)**

**SECTION B – LIST OF PARENT(S) EXPENSES AND SUPPORT FOR 2010**

YOUR PARENT(S) MUST LIST THEIR MONTHLY EXPENSES, AND INDICATE WHO PAID FOR THE EXPENSES DURING THE 2010 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.**

PARENT(S) LIVING EXPENSES	EXPENSES List the amount paid <u>per month</u> from January 1, 2010 to December 31, 2010.	WHO PAID THIS EXPENSE?
1. Housing (rent/ mortgage)	\$	
2. Utilities	\$	
3. Food	\$	
4. Child Care	\$	
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 HOW YOU SURVIVED ON SUCH LOW INCOME IN 2010.**

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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: \_\_\_\_\_