

SIERRA COLLEGE

FINANCIAL AID OFFICE

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

INDEPENDENT

2011-2012 LOW INCOME STATEMENT - INDEPENDENT

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

SECTION A — STUDENT INFORMATION

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

1. Did you and/or your spouse 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? \$ _____ \$ _____
You Your spouse

Number of months you received assistance in 2010: _____
You Your spouse

2. Did you and/or your spouse live with a relative or someone else who provided free room and board in 2010?

NO

YES — NAME: _____

RELATIONSHIP: _____

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

3. Did you and/or your spouse live in another country in 2010? **If NO, do not answer question 4.**

NO

YES — What country? _____

4. Did you and/or your spouse earn income in another country in 2010?

NO

YES — How much? _____

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

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SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2010

YOU AND YOUR SPOUSE MUST LIST THE 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.

STUDENT / SPOUSE 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.

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED. (If married, spouse's signature is optional).

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____