



2018-19 Independent – Low Income Statement

Financial Aid Office

Bristol Community College

777 Elsbree Street

Fall River, MA 02720

Applicant Name _____ ID _____

The income indicated on your Free Application for Federal Student Aid (FAFSA) is unusually low. Complete this form to verify how your (and if applicable, your spouse's) expenses were met in 2016.

Instructions: List your income and expenses below. If married, include your spouse information. Do not leave an item blank. If zero, write "0".	
Resources and Income for the year 2016:	Expenses for the year 2016:
\$ _____ Earnings from work	\$ _____ Rent or mortgage payments
\$ _____ Unemployment benefits	\$ _____ Utilities, electric, phone, heat
\$ _____ Social Security benefits	\$ _____ Food
\$ _____ Pension/retirement income	\$ _____ Clothing
\$ _____ Workers' compensation	\$ _____ Transportation, gas, insurance
\$ _____ TANF	\$ _____ Personal expenses
\$ _____ WIC/Food Stamps	\$ _____ Medical
\$ _____ Child support received	\$ _____ Recreation
\$ _____ Alimony received	\$ _____ Credit card payments
\$ _____ Other resources	\$ _____ Child support paid out
\$ _____ Support from family/friends	\$ _____ Other expenses
\$ _____ Total Resources and Income	\$ _____ Total Expenses
If your total expenses exceed your total resources, please provide an explanation of how you paid these expenses.	
If you do not pay rent, please explain your individual circumstances and living situation.	
If someone else is supporting you, please provide the following information:	
Name: _____ Relationship to you _____	
Amount of support: \$ _____ per year	

I certify that the information on this form is true and I am willing to provide additional documentation if requested.

Student Signature _____ Date _____

Return this form by mail or in person to:

Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720