

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 2017.

<p><b>Instructions: List your income and expenses below. If married, include your spouse information. Do not leave an item blank. If zero, write "0".</b></p>	
<p><b>Resources and Income for the year 2017:</b></p> <p>\$_____ Earnings from work                  \$_____ Unemployment benefits                  \$_____ Social Security benefits                  \$_____ Pension/retirement income                  \$_____ Workers' compensation                  \$_____ TANF                  \$_____ WIC/Food Stamps                  \$_____ Child support received                  \$_____ Alimony received                  \$_____ Other resources                  \$_____ Support from family/friends                  \$_____ Total Resources and Income</p>	<p><b>Expenses for the year 2017:</b></p> <p>\$_____ Rent or mortgage payments                  \$_____ Utilities, electric, phone, heat                  \$_____ Food                  \$_____ Clothing                  \$_____ Transportation, gas, insurance                  \$_____ Personal expenses                  \$_____ Medical                  \$_____ Recreation                  \$_____ Credit card payments                  \$_____ Child support paid out                  \$_____ Other expenses                  \$_____ Total Expenses</p>
<p>If your total expenses exceed your total resources, please provide an explanation of how you paid these expenses.</p>	
<p>If you do not pay rent, please explain your individual circumstances and living situation.</p>	
<p>If someone else is supporting you, please provide the following information:</p> <p>Name: _____ Relationship to you _____</p> <p>Amount of support: \$_____ per year</p>	

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