

**PARENT'S 2011-12 LOW INCOME STATEMENT**

A review of your financial aid application indicates that your parent's total income from all sources for 2010 appears to be unusually low. Please complete **ALL** of the information requested on this form and return the document to the Office of Financial Aid within 15 days from the date of receipt.

**PLEASE NOTE: Only file this form if requested by the Financial Aid Office.** This form is NOT a petition for additional financial aid. If you wish to petition for additional financial support, please file a Financial Aid Petition found on the CCA web site.

**SECTION A — STUDENT INFORMATION**

Name: \_\_\_\_\_ CCA ID Number: \_\_\_\_\_  
 Last First MI.

1. Did your parents receive AFDC/TANF (welfare), Food Stamps, SSI (disability), or Social Security benefits in 2010?  
 No  
 YES — List the name(s) of the benefit: \_\_\_\_\_
  
2. Did your parents live with a relative or someone else who provided them with free room and board in 2010?  
 No  
 YES — NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
  
 → IS YOUR PARENTS NAME LISTED ON THE LEASE/MORTGAGE?  YES  NO
  
3. Did your parents live in another country in 2010?  
 No  
 YES — What country? \_\_\_\_\_
  
4. Did your parents earn income in their home country in 2010?  
 No  
 YES — How much? \$ \_\_\_\_\_ (Total amount for 2010 in U.S. dollars)

**SECTION B — LIST OF EXPENSES FOR 2010**

Your parents must list their monthly expenses. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

PARENT LIVING EXPENSES	AVERAGE AMOUNT PER MONTH from January 1, 2010 to December 31, 2010
1. Housing (rent/mortgage)	\$
2. Child Care	\$
3. Utilities	\$
4. Meals (in/out)	\$
5. Tuition/Books	\$
6. Medical/Dental Expenses not covered by insurance	\$
7. Public Transportation	\$
8. Auto (car payments, insurance, maintenance, gas)	\$
9. Other Personal Expenses (clothes, entertainment)	\$
<b>10. Total Monthly Expenses (add lines 1-8)</b>	<b>\$</b>

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**SECTION C — LIST OF INCOME FOR 2010**

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Please list all sources of income that are used to meet the expenses you listed. Be sure to include all sources of income, both taxed and untaxed. If there are categories which do not apply, please indicate \$0 or N/A.

<b>PARENT INCOME</b>	<b>AVERAGE AMOUNT PER MONTH</b> from January 1, 2010 to December 31, 2010
1. Wages	\$
2. Unemployment Benefits	\$
3. Business or Rental Income	\$
4. Pensions	\$
5. SSI Disability	\$
6. Social Security Benefits	\$
7. Food Stamps	\$
8. AFDC/TANF (welfare)	\$
9. Child Support Received	\$
10. Personal Loans	\$
11. Savings	\$
12. Other (please specify) _____	\$
13. Other (please specify) _____	\$
<b>14. Total monthly income (add lines 1 through 8)</b>	<b>\$</b>

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**SECTION D — ADDITIONAL COMMENTS/SPECIAL CIRCUMSTANCES** *(Attach a separate sheet if necessary)*

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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 MAY BE DELAYED. AT LEAST ONE PARENT MUST SIGN THIS FORM. IF ASKED BY AN AUTHORIZED OFFICIAL OF THE FINANCIAL AID OFFICE, WE AGREE TO PROVIDE PROOF OF THE INFORMATION THAT WE HAVE GIVEN ON THIS FORM.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_