

# SCHOOLCRAFT COLLEGE

Office of Financial Aid McDowell Center—MC260 734-462-4433

## PARENT Low Income Statement 2011 - 2012

Student's Name \_\_\_\_\_ Soc. Sec. # / Student ID # \_\_\_\_\_

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### EXPLANATION OF LIVING EXPENSES

Total parental income reported on the student's FAFSA appears to be low for the size of the family. Please explain how you met the cost of housing, food, utility, transportation and personal expenses for your family in 2010. If the income figures on the FAFSA are incorrect, submit documentation of all of your family's 2010 income to the Office of Financial Aid. Please indicate the source and total yearly amount of the money you used to pay household expenses.

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### **Please check the applicable boxes if you received any of these benefits as means of support in 2010**

Bridge Card

Welfare Benefits

Social Security Benefits

SSI Disability

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### VALUE OF PAYMENTS RECEIVED OR PAID ON PARENT'S BEHALF

Indicate the dollar amounts or the value for each of the following. Estimate, if necessary, to the best of your ability.

**Cash paid to you or on your behalf:** \$ \_\_\_\_\_ per month X 12 = \$ \_\_\_\_\_

**Transportation costs paid on your behalf:** \$ \_\_\_\_\_ per month X 12 = \$ \_\_\_\_\_

**Personal costs paid on your behalf:** \$ \_\_\_\_\_ per month X 12 = \$ \_\_\_\_\_

**Child support received** \$ \_\_\_\_\_ per month X 12 = \$ \_\_\_\_\_

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### CERTIFICATION

By signing this worksheet, I certify that all of the information reported on it is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Parent \_\_\_\_\_ Date \_\_\_\_\_

### **Mail, fax or bring this form to the Office of Financial Aid.**

Office hours are: Monday thru Thursday: 8:00 a.m. – 6:00pm  
Friday: 8:00 a.m. - 4:30 p.m.

Phone number: 734-462-4433 If you have any questions, please contact us.  
Fax number: 734-462-4527 You may fax forms and responses.  
Email: [finaid@schoolcraft.edu](mailto:finaid@schoolcraft.edu)

