

SCHOOLCRAFT COLLEGE

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

Student Low Income Statement 2011 - 2012

Student's Name _____ Soc. Sec. # or Student ID # _____

1

EXPLANATION OF LIVING EXPENSES

Total income reported on your FAFSA appears to be low for the size of your family. Please explain how you (and your spouse, if married) met the cost of housing, food, utility, transportation and other 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 source and total yearly amount of money used to pay household expenses.

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

2

VALUE OF PAYMENTS RECEIVED OR PAID ON YOUR BEHALF

Indicate the dollar amounts or the value for each of the following. Include values for yourself and your spouse, if married. 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 = \$ _____

3

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.

Student _____ Date _____

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

Office hours are: Monday thru Thursday, 8:00 a.m. – 6:00 p.m.
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