



777 ELSBREE STREET ▪ FALL RIVER, MA 02720 ▪ WWW.BRISTOLCC.EDU ▪ 508.678.2811

# Low Income Statement

2009-10

Applicant Name \_\_\_\_\_ ID \_\_\_\_\_

The income you listed on your Free Application for Financial Aid (FAFSA) is unusually low. Complete this form to verify how your expenses were met in 2008.

This information must be completed for:  yourself  your spouse  your parents

<b>Instructions: List your income and expenses below.</b> <b>Do not leave an item blank. If zero, write "0".</b>	
<b>Resources and Income for the year 2008:</b> \$ _____ Earnings from work \$ _____ Unemployment benefits \$ _____ Social Security benefits \$ _____ Pension/retirement income \$ _____ Workman's compensation \$ _____ TANF \$ _____ WIC/Food Stamps \$ _____ Child support received \$ _____ Alimony received \$ _____ Other resources \$ _____ Support from family/friends \$ _____ Total Resources and Income	<b>Expenses for the year 2008:</b> \$ _____ Rent or mortgage payments \$ _____ Utilities, electric, phone, heat \$ _____ Food \$ _____ Clothing \$ _____ Transportation, gas, insurance \$ _____ Personal expenses \$ _____ Medical \$ _____ Recreation \$ _____ Credit card payments \$ _____ Other expenses \$ _____ 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 included on this form is true and I am willing to provide additional documentation if requested.

Student \_\_\_\_\_ Date \_\_\_\_\_

If dependent applicant, parent must also sign below:

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

Return this completed form to: Financial Aid Office Bristol Community College 777 Elsbree Street Fall River, MA 02720  
 Or FAX 508 730 3276