



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

# Low Income Statement

# 2010-11

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 2009.

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

<b>Instructions: List your income and expenses below. Do not leave an item blank. If zero, write "0".</b>	
<b>Resources and Income for the year 2009:</b>	<b>Expenses for the year 2009:</b>
\$ _____ Earnings from work	\$ _____ Rent or mortgage payments
\$ _____ Unemployment benefits	\$ _____ Utilities, electric, phone, heat
\$ _____ Social Security benefits	\$ _____ Food
\$ _____ Pension/retirement income	\$ _____ Clothing
\$ _____ Workman's compensation	\$ _____ Transportation, gas, insurance
\$ _____ TANF	\$ _____ Personal expenses
\$ _____ WIC/Food Stamps	\$ _____ Medical
\$ _____ Child support received	\$ _____ Recreation
\$ _____ Alimony received	\$ _____ Credit card payments
\$ _____ Other resources	\$ _____ Other expenses
\$ _____ Support from family/friends	\$ _____ Total Expenses
\$ _____ Total Resources and Income	
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