

Student Name _____ Bristol ID#: _____

The income indicated on your Free Application for Federal Student Aid (FAFSA) is unusually low. Complete this form to verify how **your parent(s)** expenses were met in 2020.

Instructions: List your parent(s) income and expenses below. Do not leave an item blank. If zero, write "0".	
Resources and Income for the year 2020: Parent(s) Income \$_____ Earnings from work \$_____ Unemployment benefits \$_____ Social Security benefits \$_____ Pension/retirement income \$_____ Workers' compensation \$_____ TANF \$_____ WIC/Food Stamps \$_____ Child support received \$_____ Alimony received \$_____ Other resources \$_____ Support from family/friends \$_____ Total Resources and Income	Expenses for the year 2020: Parent(s) Expenses \$_____ Rent or mortgage payments \$_____ Utilities, electric, phone, heat \$_____ Food \$_____ Clothing \$_____ Transportation, gas, insurance \$_____ Personal expenses \$_____ Medical \$_____ Recreation \$_____ Credit card payments \$_____ Child support paid out \$_____ Other expenses \$_____ Total Expenses
If your total parent(s) expenses exceed their total resources, please provide an explanation of how they paid these expenses.	
If your parent(s) do not pay rent, please explain their individual circumstances and living situation.	
If someone else is supporting your parent(s), please provide the following information: Name: _____ Relationship to him/her _____ Amount of support: \$_____ per year	

I certify that the information on this form is true and I am willing to provide additional documentation if requested.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Return this form by mail or in person to:
Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720