



2017-2018 LOW INCOME EXPLANATION

Last Name

First Name

SSN

You indicated you and your family lived on a low income and/or low resources for the 2015 calendar year. Please complete all four (4) sections of this form by listing the amounts you and/or your parents received to pay the following monthly living costs, identify the source of the resources used to pay these items, write a brief explanation, and then provide signatures.

Return the completed form to:

Centralia College
Financial Aid Office
600 Centralia College Blvd.
Centralia, WA 98531-4099

Phone: 360.623.8975
Fax: 360.330.7105
Email: financialaid@centralia.edu
Office Hours: M-F 8am to 5pm

SECTION 1 – Monthly Living Expenses for 2015

Next to each item, fill in the dollar amount of the **average monthly** living expenses for you and your spouse and/or parents (if applicable) in the 2015 calendar year. If you shared living expenses with others, indicate only that portion which was yours. If an expense occurred, other than monthly, please convert it to a monthly average. Report only your living expenses. **DO NOT REPORT ANY BUSINESS OR RENTAL PROPERTY EXPENSES.** Fill in all items. If an item does not apply, indicate this by writing "N/A".

Living expenses paid:

	<i>Student/Spouse</i>	<i>Parent(s)</i>
Home mortgage/rent	\$ _____	\$ _____
Property tax	\$ _____	\$ _____
Utilities (phone, electric, gas, water, garbage, etc.)	\$ _____	\$ _____
Food & household supplies	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Gasoline and Auto Maintenance	\$ _____	\$ _____
Public Transportation	\$ _____	\$ _____
Medical/health expenses NOT covered by insurance	\$ _____	\$ _____
Insurance (home, car, health, life, etc.)	\$ _____	\$ _____
Car payments (Make & Year:) _____	\$ _____	\$ _____
(Make & Year:) _____	\$ _____	\$ _____
Day Care (if it applies)	\$ _____	\$ _____
Credit Card payments	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL AVERAGE MONTHLY LIVING EXPENSES IN 2015	\$ _____	\$ _____

(Continued on other side)

