



2018-2019 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 2016 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 2016

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 2016 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”.

<i>Living expenses paid:</i>	<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 2016	\$ _____	\$ _____

(Continued on other side)

SECTION 2 – Sources of Monthly Income for 2016

Please list all sources of income that were used to meet the living expenses you listed on the front side.

Do not list incomes used to meet business or rental property expenses.

<i>Sources of income:</i>	<i>Student/Spouse</i>	<i>Parent(s)</i>
Wages/salary (provide W2 form or pay stub)	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Child support received . Don't include foster care or adoption payments.	\$ _____	\$ _____
Disability/Social Security benefits	\$ _____	\$ _____
Income from business/rental property	\$ _____	\$ _____
Welfare benefits, including TANF, GAU and WorkFirst. (Don't include food stamps.)	\$ _____	\$ _____
Worker's compensation (L & I)	\$ _____	\$ _____
Interest/dividend income	\$ _____	\$ _____
Income from capital gains	\$ _____	\$ _____
Cash received, or money paid on your behalf by others (e.g. grocery money, rent, etc.)	\$ _____	\$ _____
Savings and investments	\$ _____	\$ _____
Personal loans (attach documentation)	\$ _____	\$ _____
Credit card advances (attach documentation)	\$ _____	\$ _____
Financial aid	\$ _____	\$ _____
TOTAL AVERAGE MONTHLY INCOME IN 2016	\$ _____	\$ _____

SECTION 3 – Explanation/additional information

Please provide any additional information that would help us understand how you meet your living expenses. If you now have income that you did not have during the 2016 year, please explain here. If you need additional space to write, please attach additional pages.

SECTION 4 – Certification

I certify that the information above is true and correct to the best of my knowledge.

_____	_____	_____	_____
Student Signature (must be in ink)	Date	Parent signature (if dependent student)	Date