



# 2019-2020 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 2017 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(s) used to pay your living costs, write a brief explanation detailing how you supported yourself in 2017 and how you are currently being supported, and provide signatures. Parental information must also be included on the form if you are a dependent student.

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 2017**

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 2017 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	\$ _____	\$ _____
<b>TOTAL AVERAGE MONTHLY LIVING EXPENSES IN 2017</b>	<b>\$ _____</b>	<b>\$ _____</b>

(Continued on other side)

**SECTION 2 – Sources of Monthly Income for 2017**

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 <b>received</b> . 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	\$ _____	\$ _____
<b>TOTAL AVERAGE MONTHLY INCOME IN 2017</b>	<b>\$ _____</b>	<b>\$ _____</b>

**SECTION 3 – Explanation/additional information**

Please provide additional information to help us understand how you and/or your family meet your current living expenses. Detail any changes that have occurred from 2017 until present day. Be specific about income losses, gains, familial support, agency support, etc.

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**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  
1/29/2019