



# 2026-2027 LOW INCOME EXPLANATION

Last Name

First Name

SSN

Your FAFSA indicated you and your family lived on a low income and/or low resources for the 2024 calendar year. Please complete all four (4) sections of this form by listing the amounts you/your spouse and/or your parents received to pay the following monthly living costs, identify the source(s) used to pay your living costs, and write a brief explanation detailing how you supported yourself in 2024 and how you are currently being supported, and provide signatures. Parental information must 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: 206-970-1051  
Email: ccfinancialaid@centralia.edu Office  
Hours: M-Th 8am to 5pm, Fridays 8am to 12pm  
Summer Hours: M-Th 8am to 5pm

## **SECTION 1 – Monthly Living Expenses for 2024**

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 2024 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  | \$ _____              | \$ _____         |
| <b>TOTAL AVERAGE MONTHLY LIVING EXPENSES IN 2024</b>   | <b>\$ _____</b>       | <b>\$ _____</b>  |

(Continued on other side)

