

Belmont Abbey College Clarification of Income 2011-2012

Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____
 Daytime Phone Number: _____

We have received your FAFSA for the 2011-2012 academic year. The income you reported for 2010 on your federal application is unusually low. In order to document how the household was maintained on this amount of income, complete this form and return it to our office. If the item does not apply, enter "0".

Student Income from All Sources for 2010 (Financial Aid Office Use Only)

<u>Income</u>	<u>Amount</u>
<input type="checkbox"/> Income from Work	_____
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	_____
<input type="checkbox"/> Child Support Received	_____
<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/> Section 8 Housing	_____
<input type="checkbox"/> SSI or Disability Benefits	_____
<input type="checkbox"/> Social Security Benefits	_____
<input type="checkbox"/> Women, Infants & Children (WIC) Benefits	_____

Student Expenses for 2010 (Financial Aid Office Use Only)

If you did not live on your own in 2010 with whom did you live? _____

Did you receive support or was money paid on your behalf to provide for your living expenses? YES NO

List below your estimated average monthly living expenses (include any expenses that were provided for you).

<u>Expense</u>	<u>Amount</u>
<input type="checkbox"/> Housing Expense not provided by Section 8 Housing	_____
<input type="checkbox"/> Utilities	_____
<input type="checkbox"/> Telephone/Cellular Phone	_____
<input type="checkbox"/> Cable TV/Satellite/Internet	_____
<input type="checkbox"/> Food/Grocery Expense not Provided by Food Stamps	_____
<input type="checkbox"/> Automobile and Related Expenses (Car, Gas, Repairs, Insurance)	_____
<input type="checkbox"/> Clothing and Miscellaneous Personal Expenses	_____
<input type="checkbox"/> Medical/Dental/Vision Expenses not provided by Medicare	_____

By signing this worksheet, I/we certify that all information reported on it is complete and correct. If false or misleading information is given, consequences may result in rejection of funds and loss of financial aid.

Student Signature

Date

Parent Signature (dependent student only)

Date