



Mount Wachusett Community College

444 Green Street, Gardner, MA 01440-1000
2010-2011 Low Income Form

____ **Parent(s)**

____ **Student**

PRINT NAME: _____
(Student)

STUDENT ID#: _____

A review of your financial aid application indicates that your total family income was extremely low for 2009. Please complete the information below to explain how you (and your spouse, if married) met expenses throughout the 2009 calendar year.

If "Parent(s)" is checked above, please answer all questions below for the Parent(s) whose information was reported on the Free Application for Federal Student Aid (FAFSA). If "Student" is checked above, please answer all questions below for the Student (and spouse, if married).

2009 Annual Income

1. Yearly Taxable Income for the calendar year 2009

- a. Earned income from 2009 W-2's \$ _____
- b. Business earned income \$ _____
- d. Unemployment compensation \$ _____

2. Yearly Untaxed Income for the calendar year 2009

- a. Cash from family, friends & others \$ _____
- b. Child Support \$ _____
- c. TANF, AFDC, etc. \$ _____
- d. Child Care Assistance \$ _____
- e. Food Stamps \$ _____
- f. Housing Subsidy/Assistance \$ _____
- g. Social Security Benefits \$ _____
- h. Workers' Compensation \$ _____

TOTAL INCOME FOR THE YEAR FROM ALL SOURCES \$ _____

(OVER)

2009 Living Expenses

	Amount per month	Number of Months	Yearly Total
1. Housing			
a. Rent or Mortgage	_____	X _____ =	_____
b. Insurance	_____	X _____ =	_____
c. Maintenance	_____	X _____ =	_____
2. Utilities			
a. Electricity	_____	X _____ =	_____
b. Oil/Gas Heating	_____	X _____ =	_____
c. Phone	_____	X _____ =	_____
d. Cable TV	_____	X _____ =	_____
e. Cell Phone/Pager	_____	X _____ =	_____
3. Transportation			
a. Car Payment	_____	X _____ =	_____
b. Insurance	_____	X _____ =	_____
c. Gas	_____	X _____ =	_____
d. Maintenance	_____	X _____ =	_____
e. Bus Fare	_____	X _____ =	_____
4. Personal			
a. Food	_____	X _____ =	_____
b. Clothing	_____	X _____ =	_____
c. Medical/Dental	_____	X _____ =	_____
5. Day Care	_____	X _____ =	_____
6. Other Expenses (_____)	_____	X _____ =	_____
	<i>Type of expense</i>		

TOTAL 2009 Expenses (add all lines) \$ _____

If the total for your income (from side 1) is less than your total for expenses (side 2), please explain below what additional resources are used to pay for your expenses.

By signing this worksheet, I (we) certify that all the information reported is complete and correct.

Student: _____ Date: _____

Parent: _____ Date: _____