



Mount Wachusett Community College

444 Green Street, Gardner, MA 01440-1000

2009-2010 Low Income Form

_____ Parent(s) _____ Student

PRINT NAME: _____ **SID:** _____
(Student) (Student)
SSN: _____

A review of your financial aid application indicates that your total family income was extremely low for 2008. Please complete the information below to explain how you (and your spouse, if married) met expenses throughout the 2008 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).

2008 Annual Income

1. Annual Taxable Income for the calendar year 2008

- a. Earned income from 2008 W-2's \$ _____
- b. Business earned income \$ _____
- c. Farm earned income \$ _____
- d. Unemployment compensation \$ _____

2. Annual Untaxed Income for the calendar year 2008

- 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 \$ _____

3. Other Income for the Calendar Year 2008

- a. Interest \$ _____
- b. Dividends \$ _____
- c. Other: _____ \$ _____

(OVER)

2008 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 2008 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: _____