



Southeastern Illinois College
 Financial Aid Office
 3575 College Rd.
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2016-2017 Parent Low Income Form

You reported on the 2016-2017 Free Application for Federal Student Aid (FAFSA) that you had either a low income or no income for 2015. Please complete the information below to provide a better explanation of how you and those in your household met expenses throughout 2015.

Name: _____ ID#: _____

Address: _____

Street
City
State
Zip

Phone: _____ Email: _____

Please calculate the following for the year 2015. If the amount is \$0, please indicate in the line item.

<u>Expense</u>	<u>Amount</u>	<u>Who Pays This Expense?</u>
Rent or house payment	\$ _____	_____
Utilities	\$ _____	_____
Phone	\$ _____	_____
Groceries	\$ _____	_____
Car Payment	\$ _____	_____
Car Insurance, Gas	\$ _____	_____
Medical/Dental	\$ _____	_____
Household items	\$ _____	_____
Personal	\$ _____	_____
Child Care	\$ _____	_____

Please list **all** sources income and/or benefits you received during 2015.

<u>Source of Income</u>	<u>Yes</u>	<u>No</u>	<u>Amount Received</u>
Work (full-time or part-time)	1. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Social Security Benefits (including disability)	2. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Child Support	3. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Welfare/TANF	4. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Earnings from another country	5. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Financial contributions from friends or relatives	6. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Housing allowance for Military, of Clergy	7. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Disbursements/Withdrawal from Pension/Annuity/ IRA or Keogh	8. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Veteran's non-education benefits	9. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other (please specify): _____	10. <input type="checkbox"/>	<input type="checkbox"/>	\$ _____

I certify that the figures above represent my household's only source(s) of income in 2015. I understand this form will not processed and my financial aid will remain incomplete if this form is not completed to its entirety. I understand any false information provided on this form will result in termination of financial aid. Giving false or misleading information will be reported.

 Student's Signature Date

 Parent's Signature Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or