



Southeastern Illinois College
 Financial Aid Office
 3575 College Rd.
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2017-2018 Student Low Income Form

You reported on the 2017-2018 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 (<i>please specify</i>): | 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

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