



2011-2012 LOW INCOME STATEMENT – DEPENDENT STUDENT

A REVIEW OF YOUR 2011-2012 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) INDICATES THAT YOUR TOTAL INCOME FROM ALL SOURCES FOR 2010 APPEARS TO BE UNUSUALLY LOW. THEREFORE ADDITIONAL INFORMATION IS REQUIRED BEFORE THE FINANCIAL AID OFFICE CAN DETERMINE YOUR ELIGIBILITY FOR STUDENT AID.

INSTRUCTIONS:

- COMPLETE SECTIONS A, B, C & D.
- RETURN THE DOCUMENT WITHIN 15 DAYS OF RECEIPT TO THE FINANCIAL AID OFFICE #2018, P.O. BOX 197, MT. VERNON, GA 30445

SECTION A — STUDENT INFORMATION

NAME: _____ SS#: _____/_____/_____
LAST FIRST MI.

SECTION B — PARENT 2010 INCOME INFORMATION

1. DID YOUR PARENTS LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED FREE ROOM AND BOARD IN 2010?

- NO
 YES — NAME: _____

RELATIONSHIP: _____

ARE YOUR PARENTS LISTED ON THE LEASE/MORTGAGE? NO YES

2. DID YOUR PARENTS LIVE IN ANOTHER COUNTRY IN 2010?

- NO
 YES — WHAT COUNTRY? _____

LIST THE DATE YOUR PARENT(S) IMMIGRATED TO THE UNITED STATES? _____/_____/_____

3. DID YOUR PARENTS EARN INCOME IN THEIR HOME COUNTRY IN 2010?

- NO
 YES — HOW MUCH? \$ _____ (CONVERT THE TOTAL AMOUNT FOR 2005 IN U.S. DOLLARS)

SECTION C — LIST OF EXPENSES AND SUPPORT FOR 2010

INSTRUCTIONS:

- **COLUMN A:** Write in the monthly charge from January 1, 2010 through December 31, 2010 for each of the listed expenses. If there was no charge, you must write "\$0".
- **COLUMN B:** Write the name of the person who paid this expense.
- **COLUMN C:** Write the amount of support** the person named in Column B paid per month from January 1, 2010 through December 31, 2010. If there was no support paid, you must write "\$0".

**DEFINITION OF SUPPORT: *Support includes money, gifts, and loans, plus housing, food, clothing, car payments or expenses, medical and dental care, and college costs paid for on your behalf. Example: If a friend or relative gave you grocery money; it's reported as untaxed income. If a friend or relative paid your electric bill, part of your rent or mortgage, you must report those payments as untaxed income.*

	A	B	C
EXPENSES	WHAT WAS THE MONTHLY CHARGE FROM JANUARY 1, 2010 TO DECEMBER 31, 2010	NAME OF PERSON WHO PAID THIS EXPENSE	HOW MUCH DID THIS PERSON PAY PER MONTH FROM JANUARY 1, 2010 TO DECEMBER 31, 2010
HOUSING (rent, mortgage)	\$		\$
CHILD CARE	\$		\$
UTILITIES	\$		\$
CREDIT CARD(S)	\$		\$
MEDICAL/DENTAL	\$		\$
AUTO (car payments, insurance, maintenance)	\$		\$
OTHER PERSONAL EXPENSES (clothing, groceries)	\$		\$

SECTION D — ADDITIONAL COMMENTS (Attach a separate sheet if necessary)

Your parents are required to provide an explanation on how they were able to meet their day to day expenses from January 1, 2010 through December 31, 2010.

I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, BPC WILL CANCEL MY FINANCIAL AID AND REPORT CONFLICTING INFORMATION TO THE OFFICE OF INSPECTOR GENERAL FOR INVESTIGATION. FOR FEDERAL FINANCIAL AID, IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, I MAY BE FINED \$20,000, SENT TO PRISON, OR BOTH. I DECLARE THAT THE INFORMATION REPORTED TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE.

BY SIGNING THIS DOCUMENT, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS DOCUMENT IS INCOMPLETE, MY STUDENT AID WILL BE DELAYED.

STUDENT SIGNATURE: _____

DATE: ____/____/____

PARENT SIGNATURE: _____

DATE: ____/____/____