

Indiana University East

Office of Financial Aid and Scholarships

PARENT LOW/NO INCOME WORKSHEET 2011-2012 AWARD YEAR

Student Name	Student ID
Parent Name:	Phone Number:

The **2010** income reported on your child's 2011-2012 Student Aid Report (SAR) appears insufficient to support the number of people in your household. Please complete this form to clarify how you were able to live and support yourself and/or your family **during 2010**.

I live with and am completely supported by: (name of person) _____ (relationship) _____

I lived with and was supported by someone else during 2010, but I now live on my own.

I was incarcerated during 2010 from _____ to _____

If you mark any one of the three statements above, do not complete the income and expenses section of this form. Just sign and date at the bottom and return it to financial aid.

I earn sufficient funds to pay for some or all of the living expenses of my household.

Sources of Income:	Per Month	Per Year
Father/Stepfather income from wages	_____	_____
Mother/Stepmother income from wages	_____	_____
Father/Stepfather unemployment	_____	_____
Mother/Stepmother unemployment	_____	_____
Child support and/or alimony received	_____	_____
SSI or SSD for self and/or dependents	_____	_____
TANF (omit food stamps)	_____	_____

The following bills are in my and/or my spouse's name and are paid for by me and/or spouse (if married):

Living Expenses:	In Parent(s) Name?	Paid by Parent?	Amount Monthly	Amt. Per Year
Rent/mortgage	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Food and groceries	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Utilities#	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Transportation*	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____
Medical expenses/Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and accurate. If more information or documentation is needed, I agree to provide it. I understand that the penalty for providing false and/or misleading information is a \$10,000 fine, a prison sentence, or both.

Parent Signature: _____ Date: _____

Include electricity, telephone, cable, etc. *Include vehicle payments, insurance, gas, and maintenance expenses