

**LOW INCOME FORM
CALENDAR YEAR 2009 EXPENSE STATEMENT**

NAME: _____ SCC ID _____

Your reported 2009 income has been identified as unusually low to meet standard living expenses for yourself and/or your household. Listed below are standard monthly expense items. List the amount you paid for each item, the amount paid for you by someone, or the value of the services provided if there was no charge for the item, and the source of the funds used to make the payment.

Example: The car you drive is owned by your parents who make monthly payments, pay insurance and taxes. You are responsible for maintenance and gasoline. The monthly payment, cost of insurance and taxes should be listed with the provider as parents. The monthly cost of gasoline and standard maintenance should be listed as student provider. The source of funds is how you or the provider pay the expense (ex. job earnings).

Example: Your child, age 18 months, stays with your mother while you are attending classes and working. Your mother does not charge you for child care. List the value of that care and how you calculated the value (\$220 per month at \$55 per week).

Expense Item	Monthly Cost	Source of Funds	Provider
Rent/House payment	_____	_____	_____
Utilities			
Power	_____	_____	_____
Water	_____	_____	_____
Phone	_____	_____	_____
Cable TV	_____	_____	_____
Car Expenses			
Payments	_____	_____	_____
Insurance	_____	_____	_____
Property taxes	_____	_____	_____
Gasoline	_____	_____	_____
Maintenance	_____	_____	_____
Food Expenses			
Child Care	_____	_____	_____
Clothing	_____	_____	_____
Laundry/Dry cleaning	_____	_____	_____
Medical bills	_____	_____	_____

I certify that the information provided above is an accurate listing of my monthly expenses and the source of income that pays those expenses.

Student Signature: _____ Date: _____