

Student ID: L	A	B	C
Expenses	What was the monthly cost from January 1, 2010 to December 31, 2010?	Write the name of the person or agency who paid or helped to pay this expense.	How much did this person or agency pay per month from January 1, 2010 to December 31, 2010?
Housing (rent, mortgage)	\$ /month		\$ /month
Utilities (heating costs, telephone, electricity, cable, cell phone)	\$ /month		\$ /month
Child Care/Dependent Care	\$ /month		\$ /month
Child Support Paid	\$ /month		\$ /month
Automobile Expenses (payments, insurance, and general maintenance)	\$ /month		\$ /month
Credit Card(s)	\$ /month		\$ /month
Medical/Dental	\$ /month		\$ /month
Groceries	\$ /month		\$ /month
Other Personal Expenses (clothing, toiletries)	\$ /month		\$ /month

Income Source	Amount	Income Source	Amount
Wages/Self-Employment	\$ /month	Worker's Compensation	\$ /month
Interest/Dividend Income	\$ /month	Untaxed Pension	\$ /month
Unemployment	\$ /month	Social Security (SSI)	\$ /month
Alimony	\$ /month	Social Security Disability	\$ /month
Child Support Received	\$ /month	Social Security Benefits	\$ /month
Food Stamps	\$ /month	Veteran's Benefits	\$ /month
Welfare Cash Benefits	\$ /month	Other: _____	\$ /month
Housing Allowance	\$ /month	Money paid on your behalf:	\$ /month

SECTION C – Additional Comments:

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. ***If monthly income is less than monthly expenses, attach a separate sheet with an explanation of how you cover your expenses. Put your student ID # on all attachments.***

SECTION D – Certification

I/we understand that if I/we purposely give false or misleading information, LCCC will cancel the student's financial aid and report conflicting information to the Office of Inspector General for investigation. For federal financial aid, if I/we purposely give false or misleading information, I/we may be fined, be sentenced to jail, or both. I/we declare that the information is true, correct and complete to the best of my knowledge and belief.

By signing this document, I/we certify that all the information reported to qualify for student financial aid is true and accurate. I/we understand that if this document is incomplete, the student's financial aid award will be delayed.

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____