

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2016-2017 Low Income Explanation Parent

Student Name _____

Student ID# _____ Last 4 SSN# xxx-xx-_____

According to your aid application, your parent's income does not appear to cover your family's living expenses. Please have your parents itemize their monthly expenses in 2015 and identify how they paid the expenses. If any of these items were provided for them, please explain who provided the expense and indicate the value of the item.

Do you or anyone in your household receive SSI? ___yes ___no Amount _____

Do you or anyone in your household receive TANF? ___yes ___no Amount _____

| Item | Value | Explanation of how paid |
|--|-------|--|
| Housing | \$ | Subsidized housing ___yes ___no Amount _____ |
| Food: Groceries and Dining Out | | Food Stamps ___ yes ___no Amount _____ |
| Gas/Electric/Water Cable | | Energy Assistance ___ yes ___no Amount _____ |
| Telephone/Cell | | |
| Transportation: Gas, Oil Changes, Repairs, Insurance | | |
| Medical Insurance | | |
| Personal Expenses: Personal Hygiene, Cleaning Supplies, Paper Products | | |
| Entertainment | | |
| Other | | |

I certify the information provided above is true and complete.

Parent Signature _____ Date _____