

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



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

2016-2017 Low Income Explanation Student

Student Name _____

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

According to your aid application, your income does not appear to cover your living expenses. Please itemize your monthly expenses in 2015 and identify how you paid the expense. If any of these items were provided for you, 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.

Signature _____ Date _____