

Sandburg Financial Aid  
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 Galesburg, IL 61401  
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**CARL  
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 www.sandburg.edu

## 2018-2019 Low Income Explanation Parent

Student's Name \_\_\_\_\_

Student's 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 below 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.

Expenses		2016	2017	If applicable 2018
Housing: Rent or Mortgage Subsidized Housing ___yes ___no	Yearly Amt			
	Paid By			
Utilities: Electric, Gas, Water, Cable Energy Assistance ___yes ___no	Yearly Amt			
	Paid By			
Food Stamps ___yes ___no	Yearly Amt			
	Paid By			
Food	Yearly Amt			
	Paid By			
Telephone, Cell Phone	Yearly Amt			
	Paid By			
Medical Insurance	Yearly Amt			
	Paid By			
Transportation: Car expenses, gas, repairs, insurance	Yearly Amt			
	Paid By			
Personal Expenses: Personal Hygiene Cleaning Supplies, Paper Products	Yearly Amt			
	Paid By			
Entertainment	Yearly Amt			
	Paid By			
Income		2016	2017	If applicable 2018
Social Security Benefits (SSI)	Yearly Amt			
Temporary Assistance for Needy Families (TANF)	Yearly Amt			

I certify the information provided above is true and complete.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_