



FINANCIAL AID SERVICES
VALENCIA COMMUNITY COLLEGE
 LOW INCOME STATEMENT

Section I: GENERAL INFORMATION

Name _____ Valencia ID # or Social Security # _____

Email _____ Phone # _____

Section II: DETAILED EXPLANATION OF SITUATION

Please explain your situation. Clarify how you and /or your family will cover expenses such as housing, utilities, and other living expenses for the upcoming year (attach a separate sheet of paper if additional space is needed):

STUDENT/FAMILY EXPENSES		STUDENT/FAMILY INCOME	
2008 Actual Expenses		2008 Actual Income	
Housing	\$	Gross Wages	\$
Utilities	\$	Social Security	\$
Car Payment/Insurance	\$	Welfare Benefits	\$
Gas or transportation	\$	Food Stamps	\$
Groceries	\$	Housing Allowance	\$
Telephone/Cell Phone	\$	Support from others	\$
Personal (clothes, etc.)	\$	Other Income	\$
Other Payments	\$		\$
TOTAL	\$	TOTAL	\$

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY PART OF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Student Signature: _____ Date ____/____/____

If applicable, Parent Signature _____ Date ____/____/____

For Staff Use Only LOWINC
