



# Mount Wachusett Community College

444 Green Street, Gardner, MA 01440-1000  
**2011-2012 Low Income Form**

\_\_\_\_ **Parent(s)**

\_\_\_\_ **Student**

**PRINT NAME:** \_\_\_\_\_  
(Student)

**STUDENT ID#:** \_\_\_\_\_

A review of your financial aid application indicates that your total family income was extremely low for 2010. Please complete the information below to explain how you (and your spouse, if married) met expenses throughout the 2010 calendar year.

If "Parent(s)" is checked above, please answer all questions below for the Parent(s) whose information was reported on the Free Application for Federal Student Aid (FAFSA). If "Student" is checked above, please answer all questions below for the Student (and spouse, if married).

**Important: Do not leave any lines blank. If all zeros, attach a letter of explanation describing how you/your parent(s) lived (food and shelter).**

### 2010 Annual Income

		Amount per month	Number of Months	Yearly Total
1.	<u>Yearly Taxable Income for the calendar year 2010</u>			
a.	Earned income from 2010 W-2's	\$ _____	X _____	= \$ _____
b.	Unemployment compensation	\$ _____	X _____	= \$ _____
2.	<u>Yearly Untaxed Income for the calendar year 2010</u>			
a.	Cash from family, friends & others	\$ _____	X _____	= \$ _____
b.	Child Support	\$ _____	X _____	= \$ _____
c.	TANF, AFDC, etc.	\$ _____	X _____	= \$ _____
d.	Child Care Assistance	\$ _____	X _____	= \$ _____
e.	Food Stamps	\$ _____	X _____	= \$ _____
f.	Housing Subsidy/Assistance	\$ _____	X _____	= \$ _____
g.	Social Security Benefits	\$ _____	X _____	= \$ _____
h.	Workers' Compensation	\$ _____	X _____	= \$ _____

TOTAL INCOME FOR THE YEAR FROM ALL SOURCES \$ \_\_\_\_\_

(OVER)

**2010 Living Expenses**

	Amount per month	Number of Months	Yearly Total
1. Housing			
a. Rent or Mortgage	\$ _____	X _____	= \$ _____
b. Insurance	\$ _____	X _____	= \$ _____
c. Maintenance	\$ _____	X _____	= \$ _____
2. Utilities			
a. Electricity	\$ _____	X _____	= \$ _____
b. Oil/Gas Heating	\$ _____	X _____	= \$ _____
c. Phone	\$ _____	X _____	= \$ _____
d. Cable TV	\$ _____	X _____	= \$ _____
e. Cell Phone	\$ _____	X _____	= \$ _____
3. Transportation			
a. Car Payment	\$ _____	X _____	= \$ _____
b. Insurance	\$ _____	X _____	= \$ _____
c. Gas	\$ _____	X _____	= \$ _____
d. Maintenance	\$ _____	X _____	= \$ _____
e. Bus Fare	\$ _____	X _____	= \$ _____
4. Personal			
a. Food	\$ _____	X _____	= \$ _____
b. Clothing	\$ _____	X _____	= \$ _____
c. Medical/Dental	\$ _____	X _____	= \$ _____
5. Day Care	\$ _____	X _____	= \$ _____
6. Other Expenses ( _____ )	\$ _____	X _____	= \$ _____
	<i>Type of expense</i>		

**TOTAL 2010 Expenses (add all lines)** \$ \_\_\_\_\_

If the total for your income (from side 1) is less than your total for expenses (side 2), please explain below what additional resources are used to pay for your expenses.

\_\_\_\_\_

By signing this worksheet, I (we) certify that all the information reported is complete and correct.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

**(OVER)**