Anna Maria College
2014-2015 Low Income Worksheet

Office of Financial Aid
50 Sunset Lane
Paxton, MA 01612
Phone: 508-849-3366
Fax: 508-849-3735
Email: finaid@annamaria.edu

The income that you reported on your Free Application for Federal Student Aid (FAFSA) appears unusually low. Please complete this form and submit it to the financial aid office to verify how your 2013 expenses were met. Please note that we cannot continue to process your aid until we receive this completed form.

Section A – Student Information

Student Name:_____ Student ID#:_____

Address:_____

City: _____ State:_____ Zip Code:_____

Phone:_____ Email:_____

Section B - Income Information

*Please list **all income that you and/or your family received per month** from January 1st -December 31st of 2013.*

PLEASE FILL IN EVERY SPACE-USE "0" IF AN ITEM DOES NOT APPLY.

Student/Spouse	2013 Monthly Income/Resources	Parent(s)
$	Income from work (gross amount)	$
$	Social Security Benefits	$
$	Child Support	$
$	Alimony or Separation Maintenance	$
$	Veterans Benefits (non-educational)	$
$	Unemployment Compensation	$
$	Disability Benefits	$
$	Pensions or Retirement Benefits	$
$	Worker's Compensation	$
$	Food Stamps	$
$	Subsidized Housing Income	$
$	Support from Relatives/Friends	$
$	Housing/Food/Other living allowances from Military/Church	$
$	Other (please specify)	$
$	**Total Monthly Income for 2013**	**$**

Section C – Expense Information

Please list all expenses that you and/or your family paid per month from January 1st –December 31st of 2013.

PLEASE FILL IN EVERY SPACE-USE "0" IF AN ITEM DOES NOT APPLY.

Student/Spouse	2013 Monthly Expenses	Parent(s)
$	Housing/Rent/Mortgage	$
$	Utilities (electric, water, sewer, etc.)	$
$	Groceries/Food/Household Items	$
$	Phone/Cable/Internet	$
$	Car Loan(s)	$
$	Car Insurance	$
$	Gas/Auto Maintenance	$
$	Public Transportation	$
$	Medical/Dental/Vision Expenses	$
$	Child Care Expenses	$
$	Credit Card(s)	$
$	Other (please specify)	$
$	**Total Monthly Expenses for 2013**	**$**

Section D – Explanation

*If your total monthly 2013 income is **less than** your total monthly 2013 expenses, please provide an explanation.*

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Section E – Certification and Signature

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. I (we) further understand that purposely giving false or misleading information regarding eligibility for Federal or State aid may result in fines, jail terms or both.

_____ _____

Student Signature Date Parent Signature Date