

**WESTERN WYOMING COMMUNITY COLLEGE**  
**2010-2011**  
**Low Income Form**

\_\_\_\_\_  
 Student's Name  
 or:

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Parent's Name

\_\_\_\_\_  
 Social Security Number

When reviewing your 2010-2011 Student Aid Report, it was noted that you (or your parents) reported an unusually low 2009 income. **Clarification as to how you lived on this income is needed. The back of this sheet can be used for your explanation.** Please answer the questions below and return this form to the financial Aid Office within 30 days.

**This information is required prior to the processing of your financial aid.** If you have any questions regarding the completion of this form, please feel free to contact our office. Thank you for your cooperation and prompt response.

Please complete all questions. If "0", write 0

**2009 Expenses (Indicate approximate monthly and/or annual amounts):**

	<u>Monthly</u>	<u>Annual</u>
1) Rent/Housing	\$ _____	\$ _____
2) Utilities	\$ _____	\$ _____
3) Food	\$ _____	\$ _____
4) Medical/Dental	\$ _____	\$ _____
5) Daycare for children 12 & Under	\$ _____	\$ _____
6) Clothing	\$ _____	\$ _____
7) Recreation	\$ _____	\$ _____
8) Car Payment	\$ _____	\$ _____
9) Insurance	\$ _____	\$ _____
10) Other _____	\$ _____	\$ _____
If more room is needed, continue on back		
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

**2009 Income Sources (Indicate approximate monthly and/or annual amounts):**

	<u>Monthly</u>	<u>Annual</u>
1) Income Earned from Work	\$ _____	\$ _____
2) Housing	\$ _____	\$ _____
3) Fuel Assistance	\$ _____	\$ _____
4) Food Stamps	\$ _____	\$ _____
5) Medical Assistance	\$ _____	\$ _____
6) TANF	\$ _____	\$ _____
7) Daycare Assistance	\$ _____	\$ _____
8) Child Support	\$ _____	\$ _____
9) Financial Aid Used for Living Expenses	\$ _____	\$ _____
10) Monetary Gifts from Family/Friends (Bills paid on your behalf)	\$ _____	\$ _____
11) Other _____	\$ _____	\$ _____
If more room is needed, continue on back		
<b>TOTAL INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**\*If total expenses exceed income, please explain on the back of this form.**

\_\_\_\_\_  
 Signature of Responder

\_\_\_\_\_  
 Date