NWACC

STUDENT FINANCIAL AID OFFICE

For office use only: B-R-TREQ S-ICS

2012-2013 STUDENT INCOME SOURCE FORM

Student Name _____ Student ID _____

Based on a review of your Free Application for Federal Student Aid (FAFSA), your family has shown insufficient resources for basic living expenses. Please explain in detail your families situation and return this form to our office as soon as possible so that the processing of your application may continue. **Please be exact and do not leave any item BLANK or the form may be returned to you.**

2011 MONTHLY EXPENSES FOR YOUR PLACE OF RESIDENCE

	Total 2011 Monthly Cost	Your Portion	Who Paid This?	Remaining Portion	Who Paid This?
Rent/Mortgage	$	$		$	
Food	$	$		$	
Utilities-Gas, Electric, Water	$	$		$	
Phone/Cell Phone/ Computer/ Cable TV	$	$		$	
Car/Truck Payments	$	$		$	
Gas/Maintenance	$	$		$	
Child Care Expenses	$	$		$	
Credit Card Expenses	$	$		$	
Clothing	$	$		$	
Insurance-Medical	$	$		$	
Insurance-Auto	$	$		$	
Misc. Expenses	$	$		$	

PLEASE COMPLETE BOTH SIDES OF THIS FORM . . . .

Student Name _____ Student ID _____

2011 MONTHLY INCOME	
Wages	$
Unemployment	$
Workman's Comp	$
Child Support	$
Parental Support	$
Spousal Support	$
Other (Please explain)	$

UNUSUAL LIVING ARRANGEMENTS		
Please check the appropriate box	**YES**	**NO**
Do you reside with a relative or someone else who provided free room and board in 2011?		
Is your name on the lease/mortgage of your place of residence?		
Do you receive cash support or an allowance for your expenses?		
Are bills paid on your behalf (bills in your name that are paid by another party)?		

2011 OTHER FINANCIAL RESOURCES	
Veteran's Benefits	$ per year
Student Financial Aid	$ per year
Other (Please explain)	$ per year

FEDERAL BENEFITS RECEIVED IN 2011 **NOTE: Receiving these does NOT affect your Financial Aid eligibility negatively but helps to explain your circumstances.**	
Social Security Benefits	$ per month
Welfare/ADC/AFDC	$ per month
Food Stamps	□ YES □ NO
Section 8 Housing	□ YES □ NO
WIC	□ YES □ NO
Other-Please Explain	$ per month

List all of the people who lived at this residence with you in 2011 and explain how the expenses were divided up among the residents.

_____

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If any of the monthly expenses are paid or have been paid on your behalf by family, friends, significant others and/or other outside agencies such as Vocational Rehabilitation or Catholic Charities, etc., please explain in detail below.

_____

_____

_____

_____

We certify that the information provided is true and correct to the best of my/our ability.
We agree to submit documentation if requested.

_____
Student Signature Date

Please return this form in person or by mailing to:
NorthWest Arkansas Community College
Student Financial Aid Office
1 College Dr.
Bentonville, AR 72712
Or by scanning and e-mailing to:
finaid@nwacc.edu

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