



Division of Student Financial Assistance
 CPO 59 – SSB 251
 521 Lancaster Ave.
 Richmond, KY 40475-3159

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**LOW BASE INCOME CHART FOR PARENT(S)
 2008-2009**

Student's Name:	EKU ID	Last 4 digits of SSN

The review of your financial aid application indicates that your parent(s) total income for 2007 appears to be unusually low. Please complete this form, including all necessary signatures and return it to our office. **Do not leave any item blank or this form will be returned to you.**

1. Did your parent(s) receive AFDC/TANF (welfare) in 2007? YES NO

If yes, how much was received per month in 2007?	
Number of months your parent(s) received assistance.	

2. Did your parent(s) receive SSI, Disability, or Social Security checks in 2007? YES NO

If yes, how much was received per month in 2007?	
Number of months your parent(s) received assistance.	

3. Did your parent(s) receive child support for children in your household in 2007? YES NO

If yes, how much was received per month in 2007?	
Number of months your parent(s) received assistance.	

4. Did your parent(s) receive worker's compensation? YES NO

If yes, how much was received per month in 2007?	
Number of months your parent(s) received assistance.	

5. Did your parent(s) receive housing, food and/or other allowances paid to members of the military, clergy, or others? YES NO

How much was received per month in 2007?	
Number of months your parent(s) received assistance.	

6. Did your parent(s) receive cash, or did someone pay some of their expenses? YES NO

How much was received per month in 2007?	
Number of months your parent(s) received assistance.	

7. Did your parent(s) receive any other untaxed income not previously reported on this form? YES NO

List the name of the source of untaxed income(s)	
How much was received per month ?	
How many months was untaxed income received?	

Please complete the chart below by reporting the amount paid per month for each expense. **DO NOT LEAVE ANY ITEMS BLANK OR THIS FORM WILL BE RETURNED TO YOU.**

PARENT(S) LIVING EXPENSES	EXPENSES (List the amount paid per month from January 1, 2007 to December 31, 2007)	WHAT SOURCE OF INCOME PAID THIS EXPENSE? (example: employment, parent, family member)
HOUSING (Rent/Mortgage)	\$	
UTILITIES	\$	
CLOTHING	\$	
HOUSEHOLD NECESSITIES (soap, shampoo, personal items, cleaning supplies)	\$	
FOOD	\$	
MEDICAL	\$	

By signing this worksheet, I/we certify that all the information reported to qualify for student financial aid is true and accurate. I/We also understand that if this form is incomplete, it will be returned and my financial aid will be delayed.

Student Signature

Date

Parent Signature

Date

