



Office of
Financial Aid

2000 Fifth Ave.
River Grove, IL 60171

2017-2018 Income Assessment Statement

Student's name _____ SS no. _____

Parent's statement

Student's/Spouse's statement

If you did **not** file a 2015 Federal Tax Return, please state the reason why: _____

You have indicated an unusually low income for your family and/or yourself in 2015. You must verify how you are able to live on this amount. In order to continue the processing of your file, please complete this form and return it to the Financial Aid Office.

Type of Expense	Annual Amount
Rent or Mortgage	\$
Utilities	\$
Telephone	\$
Food (Do not include SNAP)	\$
Clothing	\$
Entertainment	\$
Transportation	\$
Other	\$
Total Expenses for Parent/Student (and spouse, if married) for 2015 \$	

Note: Resources must equal or exceed living expenses

You may be required to submit additional documentation at the request of your Financial Aid Advisor

2015 INCOME AND RESOURCES	2015 Annually
Income earned from work	\$
Child support received for all children	\$
Alimony or separate maintenance	\$
Entitlements Specify- <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> ADC <input type="checkbox"/> AFDC <input type="checkbox"/> SNAP	\$
Social Security benefits for all family members Specify- <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSD	\$
Veterans' benefits — specify type	\$
Unemployment compensation	\$
Disability benefits other than Social Security	\$
Pension or retirement benefits	\$
Workman's compensation	\$
Housing, food or living allowances for military, clergy, etc.	\$
Financial aid received in 2015	\$
Loans— specify from whom:	\$
Gifts or cash support—specify which:	\$
Other— specify type:	\$
Total income in 2015	\$

Turn over to complete form

