

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2017-2018 Low Income Explanation Student

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx-_____

According to your aid application, your income does not appear to cover your living expenses. Please itemize your monthly expenses in 2015 and identify how you paid the expense. If any of these items were provided for you, please explain who provided the expense and indicate the value of the item.

Expenses	2015	2016	If applicable 2017	Who paid for it?
Housing: Rent or Mortgage Subsidized Housing ___yes___no				
Utilities: Electric, Gas, Water, Cable Energy Assistance ___yes___no				
Food Stamps ___yes___no				
Food				
Telephone, Cell Phone				
Medical Insurance				
Transportation: Car expenses, gas, repairs, insurance				
Personal Expenses: Personal Hygiene, Cleaning Supplies Paper Products				
Entertainment				
Income	2015	2016	If applicable 2017	
Social Security Benefits (SSI)				
Temporary Assistance for Needy Families (TANF)				

I certify the information provided above is true and complete.

Signature _____ Date _____