



Low Income Verification for 2015 (Parent)

Student's Name: _____ BAC ID #: _____

Parent's Name: _____

Please fill out this form and submit it to the Financial Aid Office. **Do not leave any lines blank. Enter a zero (\$0) as the value, if applicable.** Once completed and signed, please submit this form to the Financial Aid Office via mail, fax, or email.

This form is **requesting monthly totals for 2015**. If you worked for less than 12 months, use your annual 2015 earnings and divide by 12 months to come up with the monthly total.

EXPENSE (MONTHLY) in 2015

Rent/Mortgage		\$ _____
Utility Costs (i.e., gas, electricity, phone)		\$ _____
Food/ Personal/ Supplies Expenses		\$ _____
Transportation		\$ _____
Credit Card Payments		\$ _____
TOTAL		\$ _____

INCOME in 2015

Monthly Income from Work		\$ _____
Untaxed Income (i.e., SSI, SSDI, Food Stamps, TANF)		\$ _____
Type of benefit: _____		
Cash Money Received; from whom: _____		\$ _____
Bills paid on your behalf by whom: _____		\$ _____
TOTAL		\$ _____

If total expense is more than total income, please explain how you met the gap.

Certification and Signature

The person signing below certifies that all of the information reported is complete and correct.

Parent's Signature _____ **Date** _____

Financial Aid Office Phone 617-585-0125

Fax: 617-585-0131

Email: finaid@the-bac.edu