

Low Income Verification for 2020 (Parent)

Student's Name: _____

BAC ID: _____

Parent's Name: _____

Please fill out this form completely. **Do not leave any lines blank. Enter a zero (\$0) as the value, if applicable.** Once completed and signed, please email (finaid@the-bac.edu) this form to the Financial Aid Office.

This form is **requesting monthly totals for 2020**. If you worked for less than 12 months, use your annual 2020 earnings and divide by 12 months to come up with the monthly total.

EXPENSES (Monthly) in 2020	
Rent/ Mortgage	\$
Utility Costs (i.e., gas, electricity, phone)	\$
Food/Personal/Supplies Expenses	\$
Transportation	\$
Credit Card Payments	\$
TOTAL*	\$
INCOME (Monthly) in 2020	
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.

Certifications and Signatures

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

Parent Signature: _____

Date: _____