

**CHANCELLOR UNIVERSITY
FINANCIAL AID OFFICE
Low Income Form
Dependent Student**

Student Name _____ **SSN** _____

On your 2010-2011 Free Application for Federal Student Aid (FAFSA) you and/or your parents reported an unusually low or no income for 2009.

Did you and/or your family receive federal, state or county assistance in 2009? Yes _____
No _____

**If yes, complete Part I and Part III
If no, complete Part II and Part III**

Part I

<u>Type of Assistance</u>	<u>2009 Yearly Amount</u>
Social Security Benefits	\$ _____
Veteran's Pension/Disability Benefits	\$ _____
General Assistance Independent with no dependents	\$ _____
AFDC	\$ _____
Federal and State Aid	
Source: _____	\$ _____
Other	
Source: _____	\$ _____
Other	
Source: _____	\$ _____
Other	
Source: _____	\$ _____
TOTAL	\$ _____

Reverse Side Part II and Part III

Part II

Please assign a dollar value to the following living expenses:

Monthly Living Expenses	Number of Months	Total Yearly Amount
Rent \$	X12	\$
Gas \$	X12	\$
Electric \$	X12	\$
Water \$	X12	\$
Telephone \$	X12	\$
Food \$	X12	\$
Clothing/Personal Items \$	X12	\$
Total		\$

The actual expenditure and applicable services rendered in exchange for family maintenance and cash support will constitute "gross income" for 2010 purposes and this gross income will determine your eligibility for federal, state and institutional aid.

Part III

I affirm the information above is complete and correct.

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

**RETURN COMPLETED FORM TO:
CHANCELLOR UNIVERSITY
FINANCIAL AID OFFICE
3921 CHESTER AVENUE
CLEVELAND OHIO 44114
FAX (216) 361-9096**