NWACC

STUDENT FINANCIAL AID OFFICE

For office use only: B-R-TREQ INCSRC

2011-2012 INCOME SOURCE FORM

Student Name _____ Student ID _____

Based on a review of your Free Application for Federal Student Aid (FAFSA), you have shown insufficient resources for basic living expenses. This form provides the opportunity to correct errors for income or benefits that should be reported on the FAFSA. It also provides the opportunity to describe circumstances that are not addressed when completing the FAFSA. Please explain in detail your situation and return this form to our office as soon as possible so that processing your application may continue. **Please be exact and do not leave any item BLANK or the form may be returned to you.** If you need assistance in completing this form, please contact the Financial Aid office at (479) 619-4329.

2010 MONTHLY EXPENSES FOR YOUR PLACE OF RESIDENCE

	Total 2010 Monthly Cost	Your Portion	Who Paid This?	Remaining Portion	Who Paid This?
Rent/Mortgage	$	$		$	
Food	$	$		$	
Utilities-Gas, Electric, Water	$	$		$	
Phone/Cell Phone/ Computer/ Cable TV	$	$		$	
Car/Truck Payments	$	$		$	
Gas/Maintenance	$	$		$	
Child Care Expenses	$	$		$	
Credit Card Expenses	$	$		$	
Clothing	$	$		$	
Insurance-Medical	$	$		$	
Insurance-Auto	$	$		$	
Misc. Expenses	$	$		$	

PLEASE COMPLETE BOTH SIDES OF THIS FORM . . . .

Student Name _____ Student ID _____

2010 MONTHLY INCOME	
Wages	$
Unemployment	$
Workman's Comp	$
Child Support	$
Parental Support	$
Spousal Support	$
Other (Please explain)	$

UNUSUAL LIVING ARRANGEMENTS		
Please check the appropriate box	**YES**	**NO**
Do you reside with a relative or someone else who provided free room and board in 2010?		
Is your name on the lease/mortgage of your place of residence?		
Do receive cash support or an allowance for your expenses?		
Are bills paid on your behalf (bills in your name that are paid by another party)?		

2010 OTHER FINANCIAL RESOURCES	
Veteran's Benefits	$ per year
Student Financial Aid	$ per year
Other (Please explain)	$ per year

FEDERAL BENEFITS RECEIVED IN 2010 **NOTE: Receiving these does NOT affect your Financial Aid eligibility negatively but helps to explain your circumstances.**	
Social Security Benefits	$ per month
Welfare/ADC/AFDC	$ per month
Food Stamps	□ YES □ NO
Section 8 Housing	□ YES □ NO
WIC	□ YES □ NO
Other-Please Explain	$ per month

List all of the people who lived at this residence with you in 2010 and explain how the expenses were divided up among the residents.

_____

_____

_____

_____

If any of the monthly expenses are paid or have been paid on your behalf by family, friends, significant others and/or other outside agencies such as Vocational Rehabilitation or Catholic Charities, etc., please explain in detail below.

_____

_____

_____

I/We certify that the information provided is true and correct to the best of my/our ability.
I/We agree to submit documentation if requested.

_____
Student Signature Date

_____
Parent Signature Date

Please return this form to:
NorthWest Arkansas Community College
Student Financial Aid Office
1 College Dr.
Bentonville, AR 72712
(479(619-4329
FA Fax (479)619-2226
finaid@nwacc.edu