

REQUIRED (PLEASE PRINT)

LOWINC

NORTH·SHORE
COMMUNITY COLLEGE

SSN: _____ - _____ - _____

LAST NAME: _____

FIRST NAME: _____

STUDENT FINANCIAL SERVICES
One Ferncroft Road, Danvers, MA 01923-0840
(978) 762-4189 or (781) 477-2191
www.northshore.edu

**Low Income and Expense Form
2007-2008 School Year**

You reported an unusually low income for 2006. In order to determine your eligibility for financial aid, we must verify your annual income. Please complete the following, providing any documentation that supports your information.

This information is being provided for: Student (*and spouse if married*) Parent(s)

**2006
MONTHLY Expenses**

**2006
MONTHLY Income**

Rent/mortgage _____
Telephone _____
Electric _____
Cable TV _____
Heat _____
Groceries _____
Car payments _____
Car Insurance _____
Medical expenses _____
Gas/transportation _____
Misc./Personal _____

Employment _____
Unemployment _____
SSI/Disability _____
Worker's Compensation _____
AFDC/TNAF _____
Friend/Relative _____
Inheritance/Trust _____
Veteran's Benefits _____
Child Support _____
Interest Income _____
Alimony _____

**TOTAL MONTHLY
EXPENSES** _____

**TOTAL MONTHLY
INCOME** _____

Provide a brief explanation about why you (your parents) have little or no income earned from work:

I certify that all the information reported is complete and accurate.

Student's signature

Date

Parent's signature (*if being completed for parent*)

Date