



Palau Community College  
Office of Admissions & Financial Aid

**2016 – 2017 Clarification of Low Income/Resources Form**

\_\_\_\_\_ Dependent Student      \_\_\_\_\_ Independent Student

Student \_\_\_\_\_

Last Name

First Name

The 2015 Income you reported on your 2016-2017 FAFSA application appears unusually low. We will need additional information to determine your financial aid eligibility. Please answer each section below. If an item does not apply to you, enter "0" (zero). Do not leave anything blank.

**Dependent students** must use parent information to complete this form and both student and parent sign the completed form. **Independent students** must use their information including spouse, if married, to complete this form and both sign the completed form.

**2015 Annual Expenses:** Tell us how much you spent on each expense for the entire year.

Housing (rent/mortgage)	\$	Credit Card Payments	\$
Utilities (gas/electric, water)	\$	Insurance	\$
Cell phone/Internet/Cable	\$	Unreimbursed Medical/Dental	\$
Food	\$	Childcare/School Tuition	\$
Transportation (car, gas, bus)	\$	Other (list) _____	\$
Clothing	\$	Total	\$

**2015 Income & Resources:** Tell us how much you earned or received the entire year.

Income from work	\$	<b>*Used for clarification only (no effect on eligibility)*</b>	
Income from Business	\$	Social Security Benefits*	\$
Pension/Retirement	\$		\$
Veterans non-education benefits	\$	Other (list) _____	\$
Child support received	\$		
Family and Friends	\$		
Other _____	\$	<b>Total</b>	<b>\$</b>

Explain how your expenses were met. (i.e. rent, food, etc.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student: Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_  
Last First

Parent Signature : \_\_\_\_\_ Date: \_\_\_\_\_