ATTLEBORO 2021-2022 Dependent – Low Income Statement FALL RIVER



Financial Aid Office NEW BEDFORD Bristol Community College

777 Elsbree Street

Fall River, MA 02720

Student Name ______ Bristol ID#: _____

The income indicated on your Free Application for Federal Student Aid (FAFSA) is unusually low. Complete this form to verify how your parent(s') expenses were met in 2019.

Instructions: List your parent(s') income and expenses below. Do not leave an item blank. If zero, write "0".	
Resources and Income for the year 2019:	Expenses for the year 2019:
Parent(s') Income	Parent(s') Expenses
\$ Earnings from work	\$ Rent or mortgage payments
\$ Unemployment benefits	\$Utilities, electric, phone, heat
Social Security benefits	\$ Food
\$ Pension/retirement income	\$ Clothing
\$ Workers' compensation	\$ Transportation, gas, insurance
\$ TANF	\$ Personal expenses
\$ WIC/Food Stamps	\$ Medical
\$ Child support received	\$ Recreation
Alimony received	\$ Credit card payments
\$ Other resources	\$ Child support paid out
\$ Support from family/friends	\$Other expenses
Total Resources and Income	\$ Total Expenses
If your parent(s) do not pay rent, please explain th	
If someone else is supporting your parent(s), plea	se provide the following information:
Name: R	elationship to him/her
Amount of support: \$ per year	
tify that the information on this form is true and I an lested.	m willing to provide additional documentation if
dent Signature	Date
ent Signature	Date

Return this form by mail or in person to:

Financial Aid Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720