



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC19PLI (parent)

**2019/2020
PARENT LOW INCOME STATEMENT**

The 2017 income reported on the 2019/2020 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to have supported your household. Please itemize your income and expenses below.

YOU MUST provide a written explanation below detailing your living arrangements and how you met your expenses during the period of January 2017 through December 2017.

Monthly Expenses for 2017:

Monthly Income/Resources for 2017:

*****DO NOT list your CURRENT monthly expenses and income*****

*****List expenses and income for 2017*****

DO NOT LEAVE ANY BLANKS

Rent/Mortgage	\$ _____/month	Wages	\$ _____/month
Food	\$ _____/month	TANF Benefits	\$ _____/month
Utilities	\$ _____/month	(Temporary Assistance for Needy Families)	
Transportation:		Food Stamps (SNAP)	\$ _____/month
Car Loans	\$ _____/month	(Supplemental Nutrition Assistance Program)	
Car Insurance	\$ _____/month	Housing Subsidy	\$ _____/month
Gas/Maint	\$ _____/month	Fuel Assistance	\$ _____/month
Bus/Taxi	\$ _____/month	Social Security Benefits	\$ _____/month
Personal	\$ _____/month	Child Support	\$ _____/month
Child Care	\$ _____/month	Alimony	\$ _____/month
Medical	\$ _____/month	Cash from Parents	\$ _____/month
Other (specify)	\$ _____/month	Cash from Others	\$ _____/month
		Other (specify)	\$ _____/month

Total Monthly Expenses \$ _____

Total Monthly Income \$ _____

*****Written explanation is required or this form will be returned to you*****:

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____

SIGNATURE (parent) _____ DATE: _____