New England College

Low Income Statement
2012-2013

Student's Name: _____ Student's NEC ID #: _____

A review of your financial aid indicates that you and/or your spouse's OR your parent(s) total income from all sources for 2011 appears to be unusually low. You and your spouse OR parent(s) must provide all of the information requested on this form are return the document to the Student Financial Services Office.

SECTION A – STUDENT and/or PARENT INFORMATION

1. Did the student and/or spouse OR parent(s) receive AFDC/TANF, Food Stamps (SNAP), SSI or Social Security benefits in 2011?

   ○ **NO**

   ○ **YES –** List the type(s) of benefit: _____

   _____

   How much was the benefit received per month in 2011? You: $_____ Spouse/Parent(s): $_____

   Number of months assistance was received in 2011: You: _____ Spouse/Parent(s): _____

2. Did the student and/or your spouse OR student and parent(s) live with a relative or someone else who provided free room and board?

   ○ **NO**

   ○ **YES** – Name: _____ Relationship: _____

   Is the student, spouse or parent's name listed on the lease/mortgage? Yes _____ No ____

3. Did the student and/or spouse OR parent(s) live in another country in 2011?

   If NO, do not answer question 4.

   ○ **NO**

   ○ **YES –** What country? _____

4. Did you and/or your spouse earn income in another country in 2011?

   ○ **NO**

   ○ **YES –** How much? _____

   (Total 2011 amount in the currency from the country listed above)

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SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2011

The student and spouse/parent (whichever is applicable) must list the monthly expenses during the 2011 calendar year. If the student lived with someone else, indicate what your portion would be if you were paying the expenses. While it may be difficult to determine some of these figures, it is necessary to provide us the most accurate information.

Please note: This form will be considered incomplete and return for completion if spaces are blank.

Expense	Amount Per Month	WHO PAID THE EXPENSE
Rent/Mortgage	$	
Food/Clothing	$	
Household (utilities, laundry, etc)	$	
Transportation/Car	$	
Medical/Dental	$	
Debt Payments	$	
Other expenses	$	
Total Monthly Expenses	$	
Total Year Expenses (monthly expenses x 12)	$	

SECTION C – EXPLAIN IN DETAIL HOW YOUR FAMILY MET BASIC LIVING EXPENSES IN 2011.

_____

_____

_____

_____

_____

_____

SECTION D – CERTIFICATION

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if this form is incomplete, my financial aid will aid will be delayed.

_____ _____

Student's signature Date Parent's/Spouse's signature Date

Please submit this form to:
Student Financial Services
New England College
98 Bridge Street
Henniker, NH 03242
Phone: (603) 428-2226
Fax: (603) 428-2404
Email: sfs@nec.edu