

Bishop State Community College  
Insufficient Income Statement for Parent



Parent's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's I.D. Number: \_\_\_\_\_

Student's E-mail: \_\_\_\_\_

Please complete the information listed below to show how your living expenses were paid in 2017.

Did you (or anyone else in the household) receive Social Security benefits for 2017?

Yes \_\_\_ No \_\_\_ Total Amount received in 2017: \$ \_\_\_\_\_

Did you (or anyone else in the household) receive Disability benefits for 2017? If yes, please indicate type of Disability (i.e., Social Security, VA, etc.) \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Total Amount received in 2017: \$ \_\_\_\_\_

Did you (or anyone else in the household) receive Worker's compensation benefits for 2017?

Yes \_\_\_ No \_\_\_ Total Amount received in 2017: \$ \_\_\_\_\_

Did you (or anyone else in the household) receive Unemployment compensation benefits for 2017?

Yes \_\_\_ No \_\_\_ Total Amount received in 2017: \$ \_\_\_\_\_

Did you receive child support in 2017?

Yes \_\_\_ No \_\_\_ Total Amount received in 2017: \$ \_\_\_\_\_

Total money received or paid on your behalf in 2017 from family, friends, or church for housing, food, utilities, etc.

Total Amount received in 2017: \$ \_\_\_\_\_

We must receive the completed form to continue processing your request for federal financial aid at Bishop State Community College.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_