

Bishop State Community College  
Insufficient Income Statement for Student



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.

Student's Signature: \_\_\_\_\_

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