



ICC-Financial Assistance Office
 1 College Drive
 East Peoria, IL 61635-0001
 Phone: (309) 694-5311
 Fax: (309) 694-5160
 Email: financialaid@icc.edu

2018-2019 Dependent Means of Support

Student's Name: _____ ICC Student ID# _____

In reviewing your financial aid application, **your PARENT(s) reported an income that appears exceptionally low according to the U.S. Department of Education.** On this form, your PARENT(s) must list their monthly expenses, their monthly amount of support and the source of support that they received in the 2016 calendar year. While it may be difficult to determine some of the figures, it is necessary to provide us with the most accurate information possible. **Complete all items - if something does not apply, enter "0" or N/A. If all items are not completed the form will be returned to you. If your PARENT(s) total expenses are greater than their total income, please explain on the back how they supported the household in 2016. Attach another sheet of paper if needed.**

A. Expenses – Complete the information for January 1, 2016 to December 31, 2016

| Monthly Expenses | Amount per Month | Explanation of how the expense was paid or who paid the expenses |
|--|------------------|---|
| Rent or Mortgage | \$ | Subsidized housing ____ Yes ____ No If yes - Amount _____ If No, who paid the rent or mortgage _____ |
| Utilities Gas/Electric/Water | \$ | Energy assistance ____ Yes ____ No If yes - Amount _____ If No, who paid the utilities _____ |
| Food | \$ | Food stamps ____ Yes ____ No If yes - Amount _____ If No, who paid for the food _____ |
| Telephone/Cell Phone | \$ | |
| Transportation: Payments, Insurance, Gas, Oil Changes, repairs, etc. | \$ | |
| Medical Expenses | \$ | |
| Personal Expenses: clothing, personal, etc. | \$ | |
| Total Expenses | \$ | |

B. Income - Complete the information for January 1, 2016 to December 31, 2016

| Type of Income | Amount of Income | Who received the income |
|------------------------------------|------------------|-------------------------|
| Wages earned by parent(s) | \$ | |
| Pension benefits | \$ | |
| Social Security | \$ | |
| Unemployment benefits | \$ | |
| Severance pay | \$ | |
| Cash from relatives/friends | \$ | |
| TANF | \$ | |
| Child support | \$ | |
| Workers' Compensation | \$ | |
| Other (Please explain on the back) | \$ | |
| Total Income | \$ | |

The student and one parent must sign and date this worksheet. Each person signing this form certifies that all the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.

Student Signature _____

Date _____

Parent of Dependent Student Signature _____

Date _____