



ICC-Financial Assistance Office  
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## 2018-2019 Independent Means of Support

Student's Name: \_\_\_\_\_ ICC Student ID # \_\_\_\_\_

In reviewing your financial aid application, **you and/or your spouse reported an income that appears exceptionally low according to the U.S. Department of Education.** On this form, you must list your monthly expenses, your monthly amount of support and the source of support that you 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 total expenses are greater than your total income, please explain on the back how you and/or your spouse supported your 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 <input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Amount _____ If No, who paid the rent or mortgage _____
Utilities Gas/Electric/Water	\$	Energy assistance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes - Amount _____ If No, who paid the utilities _____
Food	\$	Food stamps <input type="checkbox"/> Yes <input type="checkbox"/> 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.	\$	
<b>Total Expenses</b>	<b>\$</b>	

### 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 student and spouse	\$	
Pension benefits	\$	
Social Security	\$	
Unemployment benefits	\$	
Severance pay	\$	
Cash from relatives/friends	\$	
TANF	\$	
Child support	\$	
Worker's Compensation	\$	
Other (Please explain on the back)	\$	
<b>Total Income</b>	<b>\$</b>	

Each person signing this form certifies that all the information reported on it is complete and correct. If married, spouse's signature is optional.

**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 \_\_\_\_\_

Spouse Signature (optional) \_\_\_\_\_

Date \_\_\_\_\_