

Northeastern Technical College

Office of Student Financial Assistance

PO Drawer 1007 · Cheraw, SC 29520

Phone (843) 921-6940 or 1-800-921-7399

Fax (843) 921-1476

Low Reported Income Statement 2006-2007

Student's Name: _____ SSN: _____

If you reported less than \$4,000 of income on your FAFSA form, you are required to complete this form.

1. What was the monthly cost of your housing and utilities in 2005?

2. Did you live with parents, friends, or relatives in 2005? ____ Yes ____ No

If yes, please provide the cash value for housing and other living allowances.

Cash Value: \$ _____

3. What was the approximate cost of food per month in 2005?

4. Did you receive food stamps in 2005? ____ Yes ____ No

If yes, please provide our office with the monthly value of benefits.

Monthly Value: \$ _____

If no, please tell us from what income source were food cost paid in 2005.

5. Do you own an automobile? ____ Yes ____ No

If yes, did a relative or friend make payments for you? ____ Yes ____ No

Please provide the cash value of payments if you said yes to the previous question.

Cash Value: \$ _____

6. Are you currently employed? ____ Yes ____ No

If you did not provide any income on this form, please tell us in the space provided how you supported your family in 2005.

I certify that the above information is true and accurate to the best of my knowledge. I will provide documentation of information provided, if requested by the Office of Student Financial Assistance.

Student's Signature: _____ Date: _____

