

**BRYAN COLLEGE  
FINANCIAL AID OFFICE  
INCOME WORKSHEET  
2009-2010**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

The income reported on your Free Application for Federal Student Aid (FAFSA) for the 2008 calendar year appears exceptionally low. Therefore, we are requesting that you provide the information requested below before we proceed with your financial aid evaluation.

**SOURCES OF INCOME**

Please indicate your average monthly expenses incurred in 2008 and the sources from which they were met. You may be asked to provide proof of information given.

	Per Month	Source of Payment
Rent or house payment	\$ _____	_____
Electric	\$ _____	_____
Gas	\$ _____	_____
Water	\$ _____	_____
Telephone	\$ _____	_____
Baby-Sitting	\$ _____	_____
Groceries	\$ _____	_____
Car Payment	\$ _____	_____
Car Insurance	\$ _____	_____
Medical/Dental	\$ _____	_____
Personal	\$ _____	_____
Other	\$ _____	_____

**IF YOUR INCOME WAS INSUFFICIENT TO PAY BASIC LIVING EXPENSES, I.E., RENT, FOOD, MEDICAL, TRANSPORTATION, ETC., PLEASE USE THIS SPACE TO EXPLAIN HOW YOU MET THESE EXPENSES (ATTACH A SEPARATE SHEET IF NECESSARY):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED ON THIS FORM IS COMPLETE AND ACCURATE. I/WE ACKNOWLEDGE THAT FALSE STATEMENTS AND/OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE/PARENT SIGNATURE (IF APPLICABLE) \_\_\_\_\_ DATE \_\_\_\_\_

Return completed form to:  
Bryan College  
Financial Aid Office  
P.O. Box 7000  
Dayton, TN 37321  
423-775-7300 (fax)