

# BPCC Financial Aid Office

6220 East Texas Street ▪ Bossier City, LA 71111 ▪ (318) 678-6026 ▪ (318) 678-6398 (FAX)

## Low Income Questionnaire 2008-09

Student's Name \_\_\_\_\_

Student ID: \_\_\_\_\_

\_\_\_\_\_ **I am a Dependent Student** (Student & Parent data required on the FAFSA)  
(I do not meet the definition of Independent student shown below)

\_\_\_\_\_ **I am an Independent Student** (defined below) (Parent data not required on the FAFSA)

- Student must be over 24 years of age; or
- The student must be **married**; or
- The student must **have a child or other dependents** who receive more than half their support from the student; or
- The student must be enrolled as a **graduate** student (master's, doctoral) or **professional** student (medicine, dentistry, or law); or
- The student must be a qualified **veteran** of the U.S. military or be **active duty** in the U.S. military; or
- The student must be an **orphan (parents deceased) or ward of the court** or was a ward of the court until age 18.

You reported an unusually low amount of household income on your 2008-2009 Free Application for Federal Student Aid. In order to document how the household was maintained on this amount of income, please complete this form and return it to our office. Independent Student needs to complete information regarding student only. Dependent Student needs to complete information for both students and parents. If you do not know if you are Independent or Dependent, please contact the Financial Aid Office or go to the financial aid webpage at [www.bpcc.edu/financialaid](http://www.bpcc.edu/financialaid). *If any question is left unanswered, this form will be returned to you, which will delay your application process.*

**Please be SPECIFIC and report information for CALENDAR YEAR 2007, not the current year.**

(\*Do NOT use grandparent(s) information)

Student Gross Amount Received for the 2007 Year	Source of Income and Support	*Parent(s)/Step-parent(s) Gross Amount Received for the 2007 Year
\$	Student's Income from work. (Provide all W2s)	\$
\$	Spouse's Income from work. (Provide all W2s)	\$
\$	Unemployment Compensation**	\$
\$	Workmen's Compensation**	\$
\$	SSI/Social Security Benefits**	\$
\$	Child Support	\$
\$	Food Stamps	\$
\$	Housing Assistance	\$
\$	Financial Aid	\$
\$	Parent/Other Relatives/Friend	\$
\$	Veteran's Benefits**	\$
\$	Other Source:	\$

\*\*Please submit documentation if you received any unemployment compensation, SSI/Social Security (Form 1099) benefits, and/or veteran's benefits.

**STUDENT**

Who provides the following to the STUDENT?	Amount per month	From what source is this being paid? (i.e. lived with aunt, my job, lived with friend)
Car expenses, Gas, Insurance	\$	
Rent	\$	
Utilities	\$	
Food	\$	

**PARENT(S)/STEP-PARENT(S)**

Who provides the following to the PARENT?	Amount per month	From what source is this being paid? (i.e. lived with aunt, my job, lived with friend)
Car expenses, Gas, Insurance	\$	
Rent	\$	
Utilities	\$	
Food	\$	

Use the space below to provide additional comments needed to explain how the household was maintained on the reported income and to report changes in income and/or living accommodations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

(Both student and parent MUST sign if student is a dependent student.)

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