



ICC-Financial Assistance Office  
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## 2019-2020 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 2017 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 2017. Attach another sheet of paper if needed.**

### A. Expenses – Complete the information for January 1, 2017 to December 31, 2017

Monthly Expenses	Monthly expenses for 2017	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, 2017 to December 31, 2017

Type of Income	Monthly income for 2017	Who received the income
Wages Earned by parent(s)	\$	
Pension Benefits	\$	
Social Security	\$	
Unemployment Benefits	\$	
Severance Pay	\$	
Cash from Relatives/Friends	\$	
TANF	\$	
Child Support	\$	
Workmen's 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 \_\_\_\_\_