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Student Name

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Student ID #

**2023-2024**

**Minimal Income Statement for Independent Students or Dependency Override Requests**

The Federal Government has indicated on the FAFSA that you have reported unusually low income and/or have indicated that you are not required to file a Federal 1040 tax form. As a result, we need you to provide explanation of your monthly expenses and the sources of income or assistance that allow you to cover these expenses. Examples of resources may include SSI, Disability, Child Support, Assistance from Relatives or household members, food stamps, etc. Please also supply us with supporting documentation of your sources of income (i.e., W-2's, 1099's, check stubs, etc.).

Example: You live with your aunt and three others (total of four in home) and she pays all bills you will need to count a 4<sup>th</sup> of the total of bills (total rent is \$400 so your portion would be \$100). You will place \$100 and as source as aunt.

Expense Items:	2019 Monthly <u>Amount</u>	<u>Source of Income</u>
Rent, Mortgage, Housing Payment	\$ _____	_____
Groceries & Meals	\$ _____	_____
Utilities (water, gas, electricity, etc)	\$ _____	_____
Car Payment & Insurance	\$ _____	_____
Gasoline & Vehicle Maintenance	\$ _____	_____
Clothing	\$ _____	_____
Medical expenses	\$ _____	_____
Child Care	\$ _____	_____
Internet & Telephone	\$ _____	_____
Cable or Satellite TV	\$ _____	_____
Other Entertainment, Recreation	\$ _____	_____
Miscellaneous and Personal Exp.	\$ _____	_____

By signing below, I hereby certify that I have disclosed all sources of income and assistance (Government, State, and/or Family) and that the information is true, complete and accurate to the best of my knowledge.

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*Student Signature*

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*Date*

Return this form and all supporting documentation to the Financial Aid Office.  
3000 College Ave \* Bluefield, VA 24605  
Phone: 276-326-4215  
Fax 276-326-4356  
Email: bccentral@bluefeild.edu