



HENRY FORD COMMUNITY COLLEGE

Office of Financial Aid
 5101 Evergreen Rd.
 Dearborn, MI 48128-1495

Phone: 313-845-9616 Fax: 313-845-9825
 Http://www.hfcc.edu
 Federal School Code: 002270

2009/10 INCOME EXPLANATION FORM

Upon review of your Free Application for Federal Student Aid (FAFSA) you, or your family, have shown insufficient resources for basic living expenses. Please list your 2008 income and the expenses you paid from this income.

NAME	SOCIAL SECURITY NUMBER
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OTHER INCOME NOT REPORTED ON VERIFICATION WORKSHEET January 1 - December 31, 2008			
<p>If you received money from someone else or if you are living with someone who paid all or part of your living expenses in 2008 (for housing, food, utilities, car payment, insurance, etc.) you must give us an estimated amount of this support, even if no money exchanged hands.</p> <p><i>NOTE: Cash support is support given either in the form of money or money that is paid on behalf of the student. In-kind support usually takes the form of free food or housing that is provided to the student.</i></p>			
Name and relationship of person(s) who provided support:		Annual dollar amount:	
		Cash	In-Kind
Name:	Relationship:	\$	\$
Name:	Relationship:	\$	\$
Name:	Relationship:	\$	\$

STUDENT/ SPOUSE	MONTHLY EXPENSES January 1 – December 31, 2008	PARENT (for dependent students)
\$	Rent/mortgage payment	\$
\$	Utilities	\$
\$	Food	\$
\$	Other expenses, please explain: (e.g. transportation, medical, dental, etc.)	\$

I certify that the information reported on this form is true and correct. If requested, I agree to provide documentation of this income.

x		x	
Student's Signature	Date	Parent's Signature (for dependent students)	Date