

NORTH BENNET ST. SCHOOL

LOW INCOME EXPLANATION WORKSHEET: DEPENDENT STUDENTS: 2017-2018

In the process of reviewing your application for financial aid, the North Bennet Street School (NBSS) Financial Aid Office finds that further information is required. Specifically, you reported unusually low income in 2015 for you and/or your parent(s) on your 2017-2018 Free Application for Federal Student Aid (FAFSA). Also, you reported that neither you nor your parent(s) received government assistance, such as Supplemental Security Income (SSI), food stamps, free or reduced lunch benefits, TANF benefits, or WIC benefits (if you or your parent(s) received any of these benefits, please return copies of benefit statements with this worksheet). This may constitute conflicting information as defined by the US Department of Education (DOE). Federal regulations require the NBSS Financial Aid Office to resolve any conflicting information before a financial aid award can be granted to you.

A. Student Information:

First Name	Last Name	Middle Initial
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B. Student low income explanation:

1. If you received cash assistance and/or if some one paid bills on your behalf in 2015, please explain this assistance below: (example: cash assistance, rent, car payment, phone bill, insurance, etc)

*Name of Provider	Relation to Student	Amount of assistance	Purpose of assistance (rent, phone, etc.)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

___ NO. I received no cash, and there were no bills in my name that were paid on my behalf in 2015.

2. Do you live with your parents?

___ YES ___ NO If no, who are you living with? (ex. friend, relative, roommates, etc) _____

3. Are you currently working? ___ YES ___ NO **What is your total projected income for 2017:** \$ _____

C. Parent(s) low income explanation:

1. If your parent(s) received cash assistance and/or if some one paid bills on their behalf in 2015, please explain this assistance below: (example: cash assistance, rent, car payment, phone bill, insurance, etc)

*Name of Provider	Relation to Parent	Amount of assistance	Purpose of assistance (rent, phone, etc.)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

___ NO. My parents received no cash, and there were no bills in my parents' name that were paid on their behalf in 2015.

2. Are your parents currently working?

a. Mother/step-mother (if applicable) ___ YES ___ NO **What is her total projected income for 2017?** \$ _____

b. Father/step-father (if applicable) ___ YES ___ NO **What is his total projected income for 2017?** \$ _____

D. Written Statement: On a separate sheet, please briefly explain how your family survived financially in 2015 and how your parents are able to support their dependents by over 50%.

E. Certification:

Student signature	Date	Parent signature	Date
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Return this form to the NBSS Financial Aid Office as soon as possible at: 150 North St., Boston, MA 02109, or by fax to 617- 227-9292. Please contact the financial aid office at 617-227-0155 ext. 115 if you have any questions about the Low Income Explanation Worksheet.