

Office of Student Financial Aid

The Income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2014. Please itemize your income and expenses below. If a section is NOT APPLICABLE, write in "N/A", otherwise you MUST enter a dollar amount. Do not leave anything blank.

Last Name	First Name	M.I.	C O O BRCTC ID number
Address			Phone Number (include area code)
City	State	Zip Code	Email Address

Student / Spouse (if married) 2015 Annual Amount	Income Sources and Amounts for 2015	Parent/Step-Parent (if dependent) 2015 Annual Amount
	Earnings from work	
	Unemployment Compensation	
	Disability income or Social Security Income	
	Child Support Received	
	Alimony	
	AFDC, Public Assistance, Section 8 or SNAP	
	Veteran's Non-Education Benefits	
	Pension or Retirement Distributions	
	Worker's Compensation Benefits	
	Military or Clergy Housing/Food Allowances	
	Bills paid on your behalf, financial support from others, gifts or cash support. Please specify:	

Student / Spouse (if married) 2015 Annual Amount	Annual Living Expenses for 2015	Parent/Step-Parent (if dependent) 2015 Annual Amount
	Home Mortgage or Rent	
	Utilities	
	Food and Clothing Expenses	
	Education/Tuition Payments	
	Transportation, Car Payments, Gas, Insurance	
	Medical, Personal, Other	

Certification Statement: By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, 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.

Student Signature _____
Date

Parent Signature (If dependent student) _____
Date

To return this form:

Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg, WV, 25403

Fax: 304.260.4376

Email: [finaid@blueridgectc](mailto:finaid@blueridgectc.edu)