



Office of Financial Aid

2026 - 2027 Explanation of Income – Dependent Students

Based on the information reported on your 2026-2027 FAFSA, your parents' income appears to be below the federal poverty guidelines for a household of your size. Because of this, you must complete the Explanation of Income Form. This form helps the Office of Financial Aid understand how your family paid for household and living expenses during 2024. Please provide the **total amount spent for the entire year** in each of the expense categories listed below.

Student's Last Name	Student's First Name	Student's M.I.	Student ID #
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CATEGORY 1: Federal and State Benefits – These are benefits such as Social Security benefits, food stamps, child support and housing assistance, which should have also been indicated as received on the FAFSA form. If any of these forms of assistance were received, please enter the total amount received in 2024. You may be asked to provide proof of these funds received.

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|--|----------|
| ☐ Welfare Benefits, TANF, AFDC, WIC | \$ _____ |
| ☐ Social Security Benefits | \$ _____ |
| ☐ Food Stamps/SNAP Benefits | \$ _____ |
| ☐ Housing Assistance | \$ _____ |
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| ☐ Child Support Received | \$ _____ |
| ☐ Worker's Compensation | \$ _____ |
| ☐ (CRSC) Combat-related | \$ _____ |

CATEGORY 2: In-kind support – This category references the amount of money you would have to pay if not for utilizing another individual or family's non-cash resources. You are required to complete in-kind support list below with estimated **YEARLY** amounts.

RENT/HOUSING \$ _____	HOUSEHOLD EXPENSES \$ _____	FOOD \$ _____
CELL PHONE \$ _____	MEDICAL \$ _____	INSURANCE \$ _____
TRANSPORTATION \$ _____	MEDICAL EXPENSES \$ _____	OTHER \$ _____

CATEGORY 3: Cash support – This category references the money given to you for bills **in your name** paid for you by someone else. You are required to complete the cash support list below with estimated **YEARLY** amounts.

RENT/HOUSING \$ _____	HOUSEHOLD EXPENSES \$ _____	FOOD \$ _____
CELL PHONE \$ _____	MEDICAL \$ _____	INSURANCE \$ _____
TRANSPORTATION \$ _____	MEDICAL EXPENSES \$ _____	OTHER \$ _____

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Please return this document to the Financial Aid Office in-person (Main Building, Suite 24) or via email financialaid@bccc.edu.

If you have questions, contact the Office of Financial Aid via email financialaid@bccc.edu or phone 410-462-8333.