John A. Logan College
700 Logan College Road
Carterville, IL 62918
Phone 618-985-3741 Fax 618-985-4116 or 618-985-9751

2018-2019
Low Income Statement

2016 Low Income Statement

Student Name _____ Student ID# _____

The information submitted on this form is for:

○ Student ○ Mother ○ Father ○ Spouse

A review of your financial aid application indicates that your total family income was extremely low. Please complete the information below to explain how you and those in your household met expenses throughout 2016. Annual totals of benefits and resources to include are: federal veterans' education benefits, military housing, social security benefits, supplemental security benefits, SNAP, TANF, etc.

Examples: I lived with and was supported by a friend last year and received $2,000 in cash for support. I lived with my grandmother and I estimate I received approximately $1,500 from her for support. I was married last year and I estimate my ex-husband gave me approximately $3,000 for the year. I received TANF/Welfare benefits in the amount of $2,500. I received Supplemental Security Income in the amount of $4,000.

AN EXPLANATION IS REQUIRED BELOW TO CONSIDER THIS FORM COMPLETE

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I certify that the information submitted on this form is complete and accurate. I understand that if I purposely give false or misleading information on this document, I may be fined up to $20,000, sent to prison, or both.

I understand that if I am not eligible for financial aid, I will be responsible for and agree to pay all charges I incur at JALC, and that if I withdraw, I must do so in accordance with the policies and procedures in the Schedule of Classes for the semester in which I am enrolling. I understand that if my account becomes delinquent, my requests for services (e.g., transcripts, diplomas, official evaluations) will be denied until all debts are paid, and I will be liable for collection costs.

_____ _____
Student Signature Date Spouse's Signature Date

_____ _____
Mother's Signature Date Father's Signature Date