2022-2023 Low Income Form

________________________________________________________________________
Student's Name __________________________ Student ID Number ________________
Phone Number __________________________

When reviewing your 2022-2023 Student Aid Report, it was noted that you (or your parents) reported an unusually low 2020 income. Clarification as to how you lived on this income is needed. The back of this sheet can be used for your explanation. This information is required prior to the processing of your financial aid. Please answer the questions below and return this form to the Financial Aid Office within 30 days. Please Complete All Questions. If “No Funds were Received”, write “0”

Also, you have been selected for Verification. Please complete the enclosed 2022-2023 Verification Worksheet. If you have any questions regarding the completion of these forms, feel free to contact our office. Thank you for your cooperation and prompt response.

### 2020 Expenses (Indicate approximate monthly and annual amounts):

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

1. Rent/Housing and Utilities
2. Food
3. Medical/Dental
4. Daycare for Children 12 and Under
5. Clothing
6. Recreation
7. Car Payment
8. Other
   If more room is needed, continue on back of this form.

TOTAL EXPENSES

### 2020 Income Sources (Indicate approximate monthly and annual amounts):

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
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</table>

1. Income Earned from Work
2. Housing Assistance
3. Fuel Assistance
4. SNAP/Food Stamps
5. Medical Assistance
6. AFDC/TANF
7. Daycare Assistance
8. Child Support Received
9. Financial Aid Used for Living Expenses
10. Monetary Gift from Family/Friends
11. Other – unemployment, alimony, etc.
   If more room is needed, continue on back.

TOTAL INCOME

If total expenses exceed income please explain on the back of this form.

________________________________________________________________________
Student Signature __________________________ Parent Signature (if dependent student) __________ Date __________

If you have any questions regarding your status, please schedule an appointment with a financial aid advisor or contact the Office of Financial Aid.

Revised 12/2021