

2018-2019 Low Income Form

Student's Name

Student ID Number

Phone Number

When reviewing your 2018-2019 Student Aid Report, it was noted that you (or your parents) reported an unusually low 2016 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 2018-2019 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.

2016 Expenses (Indicate approximate monthly and annual amounts):	Monthly	Annual
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	\$	\$

2016 Income Sources (Indicate approximate monthly and annual amounts):	Monthly	Annual
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.