



**2017-2018 Low Income Form**

Student's Name \_\_\_\_\_ Student's ID Number (last 4 digits SSN) \_\_\_\_\_

**Information is to be provided by:**

\_\_\_\_\_ Independent Student (and spouse, if married) \_\_\_\_\_ Parent(s) of Dependent Student

For 2015, you reported insufficient income to support your household. We are required to determine how you were able to meet normal living expenses, and the source of taxable or untaxed income to meet those costs.  
**Please complete the below information and attach all W-2's/1099's from your employers.**

**I. Yearly income received in 2015.** Report annual amounts and who provided the assistance.

	<b>Amount</b>	<b>Source</b>
Earnings from all jobs regardless of how paid (include cash income)	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Withdrawals from savings accounts, retirement plans, etc.	\$ _____	_____
Sale of any property, stocks, bonds, etc	\$ _____	_____
Welfare or any other government assistance program	\$ _____	_____
Social Security Benefits	\$ _____	_____
Child support received	\$ _____	_____
Alimony/Palimony received	\$ _____	_____
Student Financial Aid	\$ _____	_____
Cash received from family, friends, etc	\$ _____	_____
Benefits paid on your behalf (insurance, car expense, rent, medical, etc)	\$ _____	_____

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Yearly Budget Costs**

<b>Item</b>	<b>Annual Expense</b>	
Housing/Rent/Shelter	_____	
Food	_____	Snap Benefits <u>Y / N ?</u>
Utilities	_____	
Phone Bill	_____	
Transportation (any car payments)	_____	
Gasoline	_____	
Clothing	_____	
Personal Hygiene products	_____	
Entertainment (satellite, cable)	_____	
Medical Bills	_____	
Insurance	_____	
Child Care	_____	
Other Bills (credit cards, etc)	_____	
<b>Total</b>	_____	

If total of Section I, **Income**, is less than total of Section II, **Budget Costs**, then please provide a brief explanation:

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**III. Additional Information**

1) Indicate where, when and with whom you lived during 2015: (if more than one person, please list all)

Address	With whom	Provide Dates

2) Please list any people in your household that depend on your support and their relationship to you:

Name	Age	Relationship

**IV. Certification**

Each person signing this form certifies that all the information reported on it is complete and correct. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.** Applications that are suspected to contain fraudulent information will not be awarded federal financial aid.

**If you are married, you and spouse both must complete and sign the form. If dependent, then student and parent must sign.**

Student Signature: \_\_\_\_\_ ID \_\_\_\_\_ (Date) \_\_\_\_\_

Parent/Spouse Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Complete and return in person, by mail, fax or email.