



2016 - 2017 LOW INCOME STATEMENT

Student Financial Aid & Scholarships
P. O. Box 629

Grambling, LA 71245

Office: 318-274-6056

Toll Free: 1-800-761-8077

Fax: 318-274-3358

www.gram.edu

Place an X in front of your Student Status

_____ **DEPENDENT**

_____ **INDEPENDENT**

*A review of your financial aid application indicates that your parent(s), spouse, and/or your total income from all sources for 2015 appear to be unusually low. Your parent(s), spouse, and/or you must provide **ALL** of the information requested on this form and return this document to the Financial Aid Office at the address given above.*

SECTION A — STUDENT INFORMATION

Name: _____ G#: _____
Last First M.I.

1. Did your parent(s), spouse, and/or you receive Unemployment, Social Security benefits, SSI (disability), AFDC/TANF (welfare), Food Stamps, or Housing Subsidy in 2015?

NO

YES — List the name(s) of the benefit: _____

How much was received per month in 2015?

\$ _____ \$ _____ \$ _____
Parent Spouse Student

2. Did your parent(s), spouse, and/or you live with a relative or someone else who provided free room and board in 2015?

NO

YES — NAME: _____ RELATIONSHIP: _____

➔ IS YOUR NAME LISTED ON THE LEASE/MORTGAGE? YES NO

3. Did your parent(s), spouse, and/or you earn any income in 2015?

NO

YES — How much?

Parent: \$ _____ Source: _____
(Total amount for 2015 in U.S. dollars)

Spouse: \$ _____ Source: _____
(Total amount for 2015 in U.S. dollars)

Student: \$ _____ Source: _____
(Total amount for 2015 in U.S. dollars)

PLEASE COMPLETE BACK OF PAGE ➔

SECTION B: EXPENSE INFORMATION

Please list the monthly expenses. This form will be considered incomplete and returned for completion if you do not provide enough detail. Indicate zeros for the expenses that do not apply.

2015 Expenses	Student	Spouse	Parent(s)
Rent/Mortgage			
Utilities			
Food			
Credit Card(s)			
Medical/Dental			
Auto (car payments, insurance & maintenance)			
Personal Expenses			
TOTAL MONTHLY EXPENSES/SUPPORT			
YEARLY EXPENSES (Monthly Expenses X 12)			

SECTION C: COMMENTS

If the above expenses were greater than the 2015 income for your parent(s), spouse (if married), and/or you, please provide a brief written explanation as to how your family met the expenses for the 2015 year. You should be prepared to provide documentation for any resources listed on this form.

By SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. WE UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, THE STUDENT'S FINANCIAL AID WILL BE DELAYED. (ONE PARENT MUST SIGN THIS FORM FOR ALL DEPENDENT STUDENTS.)

Student's Signature **Date**

Parent's Signature **Date**

Spouse's Signature **Date**