

2018 - 2019 LOW INCOME STATEMENT

Student Financial Aid & Scholarships P. O. Box 629 Grambling, LA 71245

Place an X in front of your Student Status Toll Free: 1-800-569-4714 DEPENDENT INDEPENDENT Fax: 318-274-3358 www.gram.edu A review of your financial aid application indicates that your parent(s), spouse, and/or your total income from all sources for 2016 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: 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 2016? ☐ No ☐ YES — List the name(s) of the benefit: How much was received per month in 2016? Spouse Parent Student Did your parent(s), spouse, and/or you live with a relative or someone else who provided free room and board in 2016? ☐ No RELATIONSHIP: YES — NAME: IS YOUR NAME LISTED ON THE LEASE/MORTGAGE?
YES
NO Did your parent(s), spouse, and/or you earn any income in 2016? □ No ☐ YES — How much? Parent: (Total amount for 2016 in U.S. dollars) Spouse: \$ (Total amount for 2016 in U.S. dollars) Source: Student: (Total amount for 2016 in U.S. dollars)

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.

2016 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 2016 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 2016 year. You should be prepared to provide documentation for any resources listed on this form.			
	IF THIS FORM IS INCOMPLETE,	MATION REPORTED TO QUALIFY FOR THE STUDENT'S FINANCIAL AID WILL I	
Student's Signature	Date	Parent's Signature	Date

Spouse's Signature

Date