



2019-2020 LOW INCOME STATEMENT

STUDENT INFORMATION:

Last Name: _____ First Name: _____ G number: G _____

Email : _____ Phone # : (_____) _____

The income you reported as received in the calendar year of 2017 on the FAFSA application was low, and appears to be insufficient to support you and/or your family. Federal guidelines require that low income reported on the FAFSA be verified. Please complete this form and return it to the Financial Aid Office. Your answers will assist our Financial Aid Administrators with verifying the support and income you received in 2017.

Please provide a clear and legible response to **ALL** of the following questions. If you fail to answer all questions, indicate \$0 or leave any question blank, this will delay the processing of the student's financial aid application. **Please be advised that financial aid is not income and cannot be used as income. If financial aid (work study, grants, student loans, or scholarships) is the source reported on this form, please check "other" on question 3.**

VERIFY INCOME:

1. The person completing this form is the: ☐ Student ☐ Parent

(Note: check "**Student**" for *independent* status, or "**Parent**" for *dependent* status.

2. Did you receive financial support or income from any source(s) in 2017? ☐ No ☐ Yes

3. What was the source of income received? ☐ Employment ☐ Food Stamps ☐ Parent ☐ Spouse
☐ Social Security Benefits ☐ Relative ☐ Friend
☐ Other (Indicate Source of income if not listed above)

4. From January 2017 - December 2017 with whom did you live? (Exclude: campus living & expenses) Check all that apply.

☐ Parent ☐ Spouse ☐ Other Relative ☐ Friends

This information should be reported based on the student's permanent household.

List yearly expenses for each category in 2017 (exclude campus living)	Amount	Paid by (Name) and Relationship to student
5. Room/Rent/Mortgage	\$	
6. Food/Meals	\$	
7. Utilities - include lights, gas, water, garbage	\$	
8. Personal Expenses (clothing, bills, auto, medical, child	\$	
9. Total amount of expenses in 2017	\$	

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student Signature

Date

Parent Signature

Date