

Low Income Statement – Dependent Student

A review of your financial aid application indicates that your parents' total income from all sources during the _____ appears to be unusually low. Your parents must list their monthly expenses and sources of support they received in the _____ calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

SECTION I – STUDENT INFORMATION

Name: _____	Student ID#: _____
<p>1. Did your parents receive any of the following in _____ ? (check all that apply and indicate the amount received in _____ and how many months it was received for in _____):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> AFDC/TANF (government assistance) How much was received per month? \$ _____ Number of months assistance received: _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Supplemental Security Income (SSI)/Medicaid How much was received per month? \$ _____ Number of months assistance received: _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Social Security checks How much was received per month? \$ _____ Number of months assistance received: _____ </div> <p>2. Did your parents live with a relative or someone else who provided them with free room and meals in _____ ? (If yes, only complete questions 5 through 7).</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

SECTION II – LIST OF EXPENSES AND SUPPORT FOR

Complete the chart below with your parents' **monthly** expenses for _____. If someone else pays the expenses, your parents must list the household expenses. Do NOT put \$0 in the monthly expenses unless the expense does not apply to the household.

If you select "Other" as the source of support, please list where the funds came from.

Parents' Living Expenses	Monthly Expenses List the amount per month from January 1, _____ to December 31, _____	List Source of Support used to pay expenses
1. Housing (rent, mortgage)	\$ _____	<input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____
2. Child Care	\$ _____	<input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____
3. Food	\$ _____	<input type="checkbox"/> SNAP/EBT <input type="checkbox"/> Other _____
4. Utilities	\$ _____	<input type="checkbox"/> Fuel Assistance <input type="checkbox"/> Other _____
5. Medical/Dental	\$ _____	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Other _____
6. Auto (car payments, gas, insurance, repairs) Public Transportation	\$ _____	<input type="checkbox"/> Other _____
7. Other Personal Expenses (cell phone, toiletries, haircuts, etc.)	\$ _____	<input type="checkbox"/> Other _____
TOTAL MONTHLY EXPENSES/SUPPORT	\$ _____	

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 aid will be delayed. (One parent whose information is listed on the FAFSA must sign this form).

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

****EXAMPLE****

Low Income Statement – Dependent Student

A review of your financial aid application indicates that your parents' total income from all sources during _____ appears to be unusually low. Your parents must list their monthly expenses and sources of support they received in the _____ calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

SECTION I – STUDENT INFORMATION

Name: Jane Doe	Student ID#: 12345678
1. Did your parents receive any of the following in _____ ? (check all that apply and indicate the amount received in _____ and how many months it was received for in _____):	
<input type="checkbox"/> AFDC/TANF (government assistance) How much was received per month? \$ _____ Number of months assistance received: _____	
<input checked="" type="checkbox"/> Supplemental Security Income (SSI)/Medicaid How much was received per month? \$ 670.00 Number of months assistance received: 12	
<input type="checkbox"/> Social Security checks How much was received per month? \$ _____ Number of months assistance received: _____	
2. Did your parents live with a relative or someone else who provided them with free room and meals in _____ ? (If yes, only complete questions 5 through 7).	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION II – LIST OF EXPENSES AND SUPPORT FOR

Complete the chart below with your parents' **monthly** expenses for _____. If someone else pays the expenses, your parents must list the household expenses. Do NOT put \$0 in the monthly expenses unless the expense does not apply to the household.

If you select "Other" as the source of support, please list where the funds came from.

Parents' Living Expenses	Monthly Expenses List the amount per month from January 1, _____ to December 31, _____.	List Source of Support used to pay expenses
1. Housing (rent, mortgage)	\$ 950.00	<input type="checkbox"/> AFDC/TANF <input checked="" type="checkbox"/> Other Social Security _____
2. Child Care	\$ 0	<input type="checkbox"/> AFDC/TANF <input type="checkbox"/> Other _____
3. Food	\$ 250.00	<input checked="" type="checkbox"/> SNAP/EBT <input type="checkbox"/> Other _____
4. Utilities	\$ 200.00	<input type="checkbox"/> Fuel Assistance <input checked="" type="checkbox"/> Other Social Security/SSI _____
5. Medical/Dental	\$ 0	<input checked="" type="checkbox"/> Medical Assistance <input type="checkbox"/> Other _____
6. Auto (car payments, gas, insurance, repairs) Public Transportation	\$ 300.00	<input checked="" type="checkbox"/> Other SSI/family friend _____
7. Other Personal Expenses (cell phone, toiletries, haircuts, etc.)	\$ 250.00	<input checked="" type="checkbox"/> Other family friend _____
TOTAL MONTHLY EXPENSES/SUPPORT	\$ 1950.00	

This form will be returned to you for completion if items are left blank