



**2018-19 Low Income Form**

Student Social Security #	Student's Last Name	Student's First Name	Telephone #

The income you/your parent(s) reported on your 2018-2019 FAFSA appears insufficient to support the number of people in your/your parent(s) household. Complete this form to clarify how your/your parent(s) household was able to live and support your/your parent(s) household during 2016. Explain how you were able to provide housing, food, utility bills, clothing, etc. Complete the chart below, list the 2016 monthly living expenses for your household (if independent) OR your parent(s) household (if dependent).

- **Dependent – Required to provide parental information on your FAFSA**
- **Independent – Not required to provide parental information on your FAFSA**

Examples of possible sources of assistance to be considered include but are not limited to:

Income: Monetary gifts from friends, relatives, significant other; Unemployment Compensation; Disability payments; Social Security; SSI; Alimony; Child Support; VA Benefits;

Government/State/Assistance: Food Stamps, WIC, Housing Assistance, Fuel Assistance, Daycare Assistance, TANF; Food; food pantry

If you indicated zero for housing, utilities, or food please explain: Other sources used to pay bills: Savings account; credit cards; income tax refund; inheritance

Income (List Source)	Amount	Income (List Source)	Amount

- If there is not a mortgage, indicate "paid in full" under the heading "Who provided the assistance?"
- If utilities are included in rent, indicate "included" under the heading "Monthly Expense".

2016 Expenses	Monthly Expense	Who provided the assistance? (HUD, Friend, Significant other, grandparent, etc.)	Amount of Assistance Received
<i>Example – Housing</i>	<i>\$500</i>	<i>HUD</i>	<i>\$250</i>
<i>Example – Childcare</i>	<i>\$9,600</i>	<i>Childs non-custodial parent</i>	<i>\$4,800</i>
Housing (rent or mortgage)			
Utilities (heat, electricity, etc.)			
Insurance (health, car, etc.)			
Medical/Dental (Medicaid enter \$0)			
Child Care			
Car Payment			
Transportation(gas, etc)			
Phone			
Food			
Clothing			
OFFICE USE ONLY			

**If you indicated zero for housing, utilities, or food please explain, or your form will be returned and your aid delayed.**  
 (You may use the back of this page to write your explanation)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_