# 2019-2020 Low Income Statement

_____     _____
**Student Name (Please Print)**                                    **Student ID#**

*The income you reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Please fill out the income and expenses worksheet below. If you are a dependent student, you must include your parent's information and parent(s) must sign this document. Also, if someone (friend or family member) helped provide support to you/your family in 2017, please have them complete and return the Student/Family Member Support Form (page 2).*

| 2017 Expense Type | Student/Spouse Amount of 2017 Expenses Paid out of Pocket | Parent (Dependent student) Amount of 2017 Expenses Paid out of Pocket | 2017 Income Type | Student/Spouse Amount of 2017 Income/Earnings | Parent (Dependent student) Amount of 2017 Income/Earnings |
|---|---|---|---|---|---|
| Rent/Mortgage | | | Earnings from ALL Jobs | | |
| Utilities | | | Unemployment Compensation | | |
| Car Payment/Ins. | | | Withdrawals from Savings | | |
| Car Maintenance/Gas | | | Social Security/Disability | | |
| Credit Card Payments | | | Welfare, AFDC, TANF | | |
| Phone, Internet & Cable | | | Child Support Received | | |
| Clothing | | | Alimony | | |
| Food | | | Total Financial Aid REFUND received in 2017 | | |
| Entertainment | | | Cash received from family and/or friends | | |
| Child Support/Alimony Paid | | | *Bills paid by someone else on your behalf | | |
| Child Care | | | *Please explain any other support below. You may use this space to describe your current living situation | | |
| Other: | | | | | |
| Other: | | | | | |
| **Total 2017 Expenses** | | | | | |

\*List bills being paid, by whom, and provide examples of support (include food, shelter, clothing, non-cash gifts, etc). Be sure to list the total dollar value of support received in 2017 (use reverse side if more space is needed). **Please have this individual to complete the Student/Family Member Support Form.**

_____

## Certification Statement

The information contained in this request and any supporting documents submitted are true and complete to the best of my knowledge. I understand that the Financial Aid Office may request additional documentation to verify the above information.

_____          _____
Student Signature                                                     Spouse Signature (if applicable)

_____          _____
Parent Signature (if applicable)                                  Parent Signature (if applicable)

# 2019-2020 Student/Family Member Support Form

_____        _____

**Student's Name (Please Print)**                          **Student ID#**

This form is to be completed by the person who is providing support to the student and/or parents/siblings of the student during year 2017. Please complete this form detailing your support. You may attach a separate sheet if you wish to include additional information.

**I, (print your name) _____, certify that I provide support to the above referenced student and/or the student's family.**

Please list the people living in your **household in year 2017** (make sure to include yourself):

| Full Name | Age | Relationship to you | Do you provide more than 50% support to this person | If you answered YES to providing more than 50% support, list how.. |
|---|---|---|---|---|
|  |  |  |  | ☐Lodging ☐Food ☐Medical Other: |
|  |  |  |  | ☐Lodging ☐Food ☐Medical Other: |
|  |  |  |  | ☐Lodging ☐Food ☐Medical Other: |

1. Did you give the student and/or the student's parent(s) money to pay their bills in year 2017? ☐ Yes ❑No
2. If yes, to whom ☐student/☐ parent(s) and how much money did you give $_____ (☐daily ☐weekly ☐monthly ☐annually)
3. Did you pay bills on behalf of the student and/or the student's parent(s) in year 2017? _____. If yes, please list what bills you paid, the amount and list the individual for whom the bill was paid on behalf of.

| List Bill/Company | Indicate the amount paid | Bill paid on behalf of whom? |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

4. Did the ☐student/☐ parent(s) contribute any financial assistance toward your household in year 2017? ☐ YES ☐ NO. If yes, how much money do you give $_____ (☐daily ☐weekly ☐monthly ☐annually).

_____        _____

Signature: Person Providing Support to Student/Family                    Date

_____        _____

Signature: Student                                        Date

I attest that the information I have provided on this form (or on an attached page) is true and accurate.