

LOW INCOME STATEMENT

*If asking for parent information please answers all questions from the parent's point of view only.*

\_\_\_ Student information \_\_\_ Parent information

STUDENT NAME: \_\_\_\_\_ Award Year: \_\_\_\_\_

Please complete the following form since the income/resources you declared on your FAFSA is below the US Department of Health and Human Services poverty guidelines.

1. Do you receive government assistance? Year Assistance Began

- Low Income Housing \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- Welfare/TANF \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- Food Stamps \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- WIC \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- Untaxed Social Security \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- Medicaid or SSI \_\_\_ Yes \_\_\_ No \_\_\_\_\_
- HEAP-fuel assistance \_\_\_ Yes \_\_\_ No \_\_\_\_\_

2. Child Support Received \_\_\_ Yes \_\_\_ No Monthly Amount \$ \_\_\_\_\_ \_\_\_\_\_

Social Security Disability \_\_\_ Yes \_\_\_ No Monthly Amount \$ \_\_\_\_\_ \_\_\_\_\_

Other \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ \_\_\_\_\_

3. Did someone provide cash and/or did someone help pay bills on your behalf in the prior year that would be listed as untaxed income on the ISIR? (Example: cash assistance, rent, car payment, utilities, insurance, etc)

\_\_\_ YES      Name of Provider      Relationship to Student      Monthly Amount

                 \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_

                 \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_

\_\_\_ NO      I received no cash and there were no bills paid on my behalf.

4. Do you live with your parents?    \_\_\_ YES    \_\_\_ NO

If no, please state whom you are living with. (Example: friend, grandmother, roommate, etc)

\_\_\_\_\_

5. Are you currently employed?    \_\_\_ YES    \_\_\_ NO      Is your spouse employed?    \_\_\_ YES    \_\_\_ NO

Start date of employment \_\_\_\_\_      Start date of employment \_\_\_\_\_

6. Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (*If student is Dependent*)

\_\_\_\_\_  
Date