



## 2022-2023 Dependent Low Income

*Student Last Name*

*First Name*

*CID# or SSN*

You reported an unusually low amount of parent household income on your 2022-2023 FAFSA. In order to document how your parent's household was maintained, please complete this form and return it to our office.

**DO NOT LEAVE ANY FIELDS BLANK. YOUR FINANCIAL AID WILL NOT BE DETERMINED UNTIL THIS FORM HAS BEEN RETURNED.**

\*\* Please be specific and report information for **CALENDAR YEAR 2020**, not the year of 2021 or 2022 \*\*

1. Please itemize your parent's average monthly income and expenses below for the 2020 calendar year. If your parent(s) did not have these expenses all year, use average amounts.

Living Expenses Monthly-2020	Monthly Cost 2020
Rent/Mortgage	\$
Utilities and Phone	\$
Food	\$
Transportation (automobile payment, insurance, gas repairs, bus fare etc.)	\$
Personal expenses (clothing, soap products, etc.)	\$
Medical expenses and/or health insurance	\$
Child Care	\$
<b>Living Expense TOTAL</b>	\$

Income, Benefits, Resources Monthly-2020	Monthly Income 2020
Wages	\$
Welfare Benefit	\$
Food Stamps/WIC/Free or Reduced Lunch	\$
Housing Subsidy (Section 8)	\$
Social Security Benefits	\$
Child Support Received	\$
Other (specify)	\$
<b>Income TOTAL</b>	\$

2. List any cash support your parent's household received or money that was paid on their behalf during 2020 and the source of that income \$\_\_\_\_\_ Source\_\_\_\_\_

3. **THIS QUESTION CANNOT BE LEFT BLANK IF THE LIVING EXPENSE TOTAL IS MORE THAN THE INCOME TOTAL.** Provide an explanation that will help us understand your living circumstances and how the monthly expenses are being met.

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4. **Signatures:** I/we certify that all of the information on this form is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** 1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid • Phone (607) 962-9875 • Fax (607) 962-9019