



2020-2021 Dependent Low Income

Student Last Name First Name CID# or SSN

You reported an unusually low amount of parent household income on your 2020-2021 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 2018, not the year of 2019 or 2020\*\*

- 1. Please itemize your parent's average monthly income and expenses below for the 2018 calendar year. If your parent(s) did not have these expenses all year, use average amounts.

Table with 2 columns: Living Expenses Monthly-2018, Monthly Cost 2018. Rows include Rent/Mortgage, Utilities and Phone, Food, Transportation, Personal expenses, Medical expenses, Child Care, and Living Expense TOTAL.

Table with 2 columns: Income, Benefits, Resources Monthly-2018, Monthly Income 2018. Rows include Wages, Welfare Benefit, Food Stamps/WIC/Free or Reduced Lunch, Housing Subsidy, Social Security Benefits, Child Support Received, Other (specify), and Income TOTAL.

- 2. List any cash support your parent's household received or money that was paid on their behalf during 2018 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.

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

Student Signature: Date:

Parent Signature: Date: