



## 2020-2021 Independent Low Income

*Last Name*

*First Name*

*CID# or SSN*

You reported an unusually low amount of household income on your 2020-2021 FAFSA. In order to document how your 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 average monthly income and expenses below for the 2018 calendar year. If you did not have these expenses all year, use average amounts for the months that you did.

Living Expenses Monthly-2018	Monthly Cost 2018
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-2018	Monthly Income 2018
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 household received or money that was paid on your 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.

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

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