



LOW INCOME STATEMENT DEPENDENT

2017-2018

RETURN THIS FORM TO THE FINANCIAL AID OFFICE

VERIFICATION

Student Name _____

Parent(s) Name(s) _____

Parents who report little or no income for the year are required to provide additional information regarding living expenses for the year and the resources used to meet these costs. This form should be completed in its entirety and signed by the parent(s) whose income information was requested on the student's 2016-2017 Free Application for Federal Student Aid (FAFSA).

Which of the following is true?

- I have already filed my 2015 Federal Income Tax return.
- I do not plan to file a 2015 Federal Tax return. I did not work during 2015.

Please complete this form in its entirety. If an item does not apply to you, please indicate N/A.
The following is based on annual income and costs from January 1, 2015 to December 31, 2015.

INCOME (For the Year)		EXPENSES (For the Year)	
Employment	\$ _____	Housing	\$ _____
Social Security	\$ _____	Food	\$ _____
TANF	\$ _____	Transportation	\$ _____
Food Stamps	\$ _____	Telephone	\$ _____
VA Benefits	\$ _____	Utilities (Gas Water/Electric)	\$ _____
Child Support	\$ _____	Health Insurance	\$ _____
Cash gifts from Family/Friends	\$ _____	Clothing Expense	\$ _____
		Dependent Care/ Day Care Cost	\$ _____
		Personal Care:	\$ _____
Other (Specify)	\$ _____	Other (Specify)	\$ _____
Total	\$ _____	Total	\$ _____

If your total income does not support your total expenses, please explain how these expenses were met. If applicable provide the dollar value of support you received and for living expenses paid on your behalf for the year.

CERTIFICATION AND SIGNATURES:

The parent(s) must sign this form. I (We) certify that all of the information on this form is complete and correct to the best of my (our) knowledge.

Parent 1 Signature _____	and/or Parent 2 Signature _____	Date _____
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