



LOW INCOME STATEMENT INDEPENDENT 2017-2018

RETURN THIS FORM TO THE FINANCIAL AID OFFICE

VERIFICATION

Student Name _____

Social Security Number _____

Applicants 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.

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	
Child Support	\$ _____	Water/Electric	\$ _____
Cash gifts from		Health Insurance	\$ _____
Family/Friends	\$ _____	Clothing Expense	\$ _____
Other (Specify)	\$ _____	Dependent Care/ Day Care Cost	\$ _____
Total	\$ _____	Personal Care:	\$ _____
		Other (Specify)	\$ _____
		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 your received and for living expenses paid on your behalf for the year.

CERTIFICATION AND SIGNATURES:

The student must sign this form. If the student is married, the spouse must also sign. I (We) certify that all of the information on this form is complete and correct to the best of my (our) knowledge.

Student's Signature _____

Spouse's Signature _____

Date _____

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