



## 2021-2022 Dependent Low Income

*Student Last Name*

*First Name*

*CID# or SSN*

You reported an unusually low amount of parent household income on your 2021-2022 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 2019**, not the year of 2020 or 2021 \*\*

1. Please itemize your parent's average monthly income and expenses below for the 2019 calendar year. If your parent(s) did not have these expenses all year, use average amounts.

| Living Expenses<br>Monthly-2019  | Monthly<br>Cost<br>2019 |
|--|-------------------------|
| 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<br>Monthly-2019 | Monthly<br>Income<br>2019 |
|---|---------------------------|
| 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 2019 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