



2022-2023 Independent Low Income

Last Name

First Name

CID# or SSN

You reported an unusually low amount of household income on your 2022-2023 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 2020**, not the year of 2021 or 2022**

1. Please itemize your average monthly income and expenses below for the 2020 calendar year. If you did not have these expenses all year, use average amounts for the months that you did.

Living Expenses Monthly-2020	Monthly Cost 2020	Income, Benefits, Resources Monthly-2020	Monthly Income 2020
Rent/Mortgage	\$	Wages	\$
Utilities and Phone	\$	Welfare Benefit	\$
Food	\$	Food Stamps/WIC/Free or Reduced Lunch	\$
Transportation (automobile payment, insurance, gas repairs, bus fare etc.)	\$	Housing Subsidy (Section 8)	\$
Personal expenses (clothing, soap products, etc.)	\$	Social Security Benefits	\$
Medical expenses and/or health insurance	\$	Child Support Received	\$
Child Care	\$	Other (specify)	\$
Living Expense TOTAL	\$	Income TOTAL	\$

2. List any cash support your household received or money that was paid on your behalf during 2020 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. **Signature:** I certify that all of the information on this form is complete and correct.

Student Signature: _____ Date: _____