



2023-2024 Independent Low Income

Last Name

First Name

CID# or SSN

You reported an unusually low amount of household income on your 2023-2024 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 2021**, not the year of 2022 or 2023**

1. Please itemize your average monthly income and expenses below for the 2021 calendar year. If you did not have these expenses all year, use average amounts for the months that you did.

| Living Expenses Monthly-2021 | Monthly Cost 2021 |
|--|-------------------|
| 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 | \$ |
| Living Expense TOTAL | \$ |

| Income, Benefits, Resources Monthly-2021 | Monthly Income 2021 |
|--|---------------------|
| Wages | \$ |
| Welfare Benefit | \$ |
| Food Stamps/WIC/Free or Reduced Lunch | \$ |
| Housing Subsidy (Section 8) | \$ |
| Social Security Benefits | \$ |
| Child Support Received | \$ |
| Other (specify) | \$ |
| Income TOTAL | \$ |

2. List any cash support your household received or money that was paid on your behalf during 2021 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: _____