

Office of Student Financial Aid Low Income Statement for Student 2019-2020 TO BE COMPLETED BY THE STUDENT

		XXX	
Student Last Name	Student First Name	MI	Banner ID Last 6 digits only

The 2017 income reported on your 2019-2020 FAFSA appears insufficient to support the people in your household, no income was reported on the FAFSA, or some or all the income section on the FAFSA was left blank. Complete this form to clarify how you supported your household during 2017. Include all monthly costs from January 1, 2017 through December 31, 2017.

WRITE "0" OR N/A if not applicable. DO NOT LEAVE ANY SECTION BLANK.

- Indicate "paid in full" under "who paid for expenses" column if your home is paid for.
- Indicate "included in rent" under "who paid for expenses" column if utilities are included. Documentation may be requested.

EXPENSES PER MONTH FOR 2017

Item	Amount Paid Per Month by Someone Else	Who Paid for Expenses? (Myself, HUD, Friend, Significant Other, Grandparent, etc.)	Amount You Paid Per Month
Rent/Mortgage	\$		\$
Utilities (Electric, Gas, & Water)	\$		\$
Food (Indicate "0" Only If Received Food Stamps)	\$		\$
Telephone/Cable	\$		\$
Medical/Dental/Vision Insurance	\$		\$
Child Care Expenses Paid	\$		\$
Car Payment/Car Insurance/Transportation	\$		\$
Clothing	\$		\$
Other (Identify Sources)	\$		\$

INCOME PER MONTH FOR 2017

Source of Income	Amount Received Per Month
Wages from employment (Employer's Name or Business Income if self- employed)	\$
Child Support/Alimony Received (Please circle which applies)	\$
AFDC Benefits {Specify type(s) and amount(s)}	\$
Social Security/Social Security Disability (Please circle which applies)	\$
Unemployment/Worker's Compensation (Please circle which applies)	\$
Monetary gifts from family/friends	\$
Military or clerical housing, clothing, food, or cash (list cash value)	\$
Any other untaxed income (Please indicate source)	\$



Student Last Name	Student First Name	X	XXBanner ID Last 6 digits only	
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	nancial Aid refund(s) in 2017 licated the amount: \$		xpenses? Yes No No	
Pleas	se use this space provided t	to include any add	litional information	
information contained in this a given false or fraudulent states	oes not require me/we to file a 2017 U.S. fea locument, including the documentation is tr	ue and complete. I understan for Federal and State student	DU sign. That one will not be filed. I hereby certify that all that if I am found to have knowingly or intentionally aid may be jeopardized and I may be reported to the U.S.	
	Student Signature		Date	
	North Carolina Agricultu Office of St 1601 E	E RETURN TO: ral and Technical Stat udent Financial Aid Market Street boro, NC 27411 Telephone: 336-33	•	
For Office Use Only				
Expenses 201	7 Inc	come 2017	Untaxed Income 2017	

12 x Expenses = \$_____ Minus 12 x Income = \$____ = Total \$____

(If Total Income Greater Than Expenses Untaxed Income=0)

Expenses 2017 Income 2017

Counselor Signature: