



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

Student Last Name _____ Student First Name _____ MI XXX _____ 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)	\$

