



2016-2017 Student Low income Statement Form  
Student Financial Aid Office

Section I: General Information

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Section II: Please provide a response for ALL of the questions below. DO NOT LEAVE ANY QUESTIONS BLANK. Use \$0 if the monetary item does not apply to you.

1. Did you receive financial support from any of these sources in 2015?

- TANF     
  Section 8 Housing     
  Social Security     
  WIC     
  Financial Aid  
 Medicare/Medicaid     
  VA Housing Allowance     
  Other Income \$ \_\_\_\_\_

Additional space provided for explanation, if needed

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2. Please indicate the amount of support for the following expenses in 2015. Amounts should be indicated as monthly and please list the name of the person who paid the expenses:

Student 2015 Expenses		
	Per Month	Paid By
For Example: Dry Cleaning	\$30	Parent, Ann
Housing (Room/Rent)	\$	
Utilities	\$	
Car Payment	\$	
Car insurance	\$	
Gas or Transportation	\$	
Food/Meals	\$	
Telephone or Cell Phone	\$	
Other Personal Expenses (i.e., clothing, childcare, etc.)	\$	
TOTAL:	\$	
Annual Amount (Total x 12 months)	\$	Financial Aid Use ONLY

BY SIGNING THIS WORKSHEET, I CLERIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY PART OF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

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Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If applicable, Spouse Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_