



2017-2018 Parent Low Income Statement Form  
Student Financial Aid Office

**Section I: GENERAL INFORMATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Email \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**1. Did you receive financial support from any of these sources in 2016?**

- 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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3. 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 2016 Expenses			Parent 2016 Expenses		
	Per Month	Paid By		Per Month	Paid By
Example: Dry Cleaning	\$30	Parents	Example: Cable	\$30	Myself, Mother
Housing (Room/Rent)	\$		Housing (Room/Rent)	\$	
Utilities	\$		Utilities	\$	
Car Payment	\$		Car Payment	\$	
Car Insurance	\$		Car Insurance	\$	
Gas or Transportation	\$		Gas or Transportation	\$	
Food/Meals	\$		Food/Meals	\$	
Telephone or Cell Phone	\$		Telephone or Cell Phone	\$	
Other Personal Expenses (i.e., clothing, childcare, etc.)	\$		Other Personal Expenses (i.e., clothing, childcare, etc.)	\$	
TOTAL:	\$		TOTAL:	\$	
Annual Amount (Total x 12 months)			Annual Amount (Total x 12 months)		

BY SIGNING THIS WORKSHEET, I CERTIFY 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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Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_