



2017-2018 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

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 2016 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.

Student Signature: _____ Date: ___/___/___

If applicable, Spouse Signature: _____ Date: ___/___/___