**2019-2020 Low Income Statement**

**Statement of 2017 Income**

First Name: Last Name:

Student ID: Primary Phone Number:

The income reported on your FAFSA is extremely low. Please complete the following information and return it to the Financial Aid Office. ANY INCOMPLETE STATEMENT WILL BE RETURNED TO THE STUDENT FOR COMPLETION.

**2017 Yearly Income**

Earnings from Work: $ Child Support: $

Unemployment: $ Money from Financial Aid: $

Welfare Benefits: $ Money from Relatives: $

Food Stamps: $ Disability Benefits: $

Social Security: $ Other: $

**Complete the following section if your expenses were paid by someone else outside of your household.**

**2017 Expenses Paid**

Rent: $ provided by:

Food: $ provided by:

Utilities: $ provided by:

Transportation: $ provided by:

**By signing this form, I certify that the above information is true and correct.**

Student Signature: Date:

Parent Signature: Date:

(for dependent student)