

**LOW INCOME STATEMENT**

Student Information     Parent Information

**If the Student is Dependent, the PARENT must complete this form.**

**STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**AWARD YEAR:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

Please complete the following form since the income/resources you declared on your FAFSA is below the US Department of Health and Human Services poverty guidelines.

1. Do you currently receive any of the following assistance?

					Year Assistance Began
___ YES ___ NO	Low income housing				_____
___ YES ___ NO	WIC				_____
___ YES ___ NO	TANF (cash assistance)	Annual amount	\$ _____		_____
___ YES ___ NO	SNAP (food stamps)	Annual amount	\$ _____		_____
___ YES ___ NO	Social Security Benefits	Annual amount	\$ _____		_____
___ YES ___ NO	Child Support	Annual amount	\$ _____		_____
___ YES ___ NO	Other (Ex:unemployment, disability benefits, VA non-education benefits):				
Type of Other Benefit: _____		Annual amount	\$ _____		_____

2. Did someone provide cash and/or did someone help pay bills in your name that would be listed as 'Money Received/Paid on Your Behalf' on the ISIR? (example: cash, rent, car payment, phone bill, insurance, etc)

\_\_\_ YES. Name of Provider      Relationship to Student      Annual Amount      Year Received  
\_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

\_\_\_ NO. I received no cash, and there were no bills in my name that were paid on my behalf in prior 2 years.

3. If the student is completing form please answer the following:  
a. Do you currently live with your parent(s)?     YES     NO

b. If you do not reside with your parent(s), please state whom you are residing with. (ex: friend, grandmother, roommate, etc.): \_\_\_\_\_

4. Are you currently employed?     YES     NO    Start date: \_\_\_\_\_    Earnings per week: \$ \_\_\_\_\_  
If married, is your spouse employed?  YES     NO    Start date: \_\_\_\_\_    Earnings per week: \$ \_\_\_\_\_

5. Please briefly explain how you survived last year and/or how you are currently able to support your dependents by over 50%.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is dependent)

\_\_\_\_\_  
Date