



OFFICE OF FINANCIAL SERVICES

2018-2019 Low Income Statement Form

STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

Please provide information below about any other financial resources, benefits, and other amounts received by the student and/or spouse, parent(s) and any other members of the household, so that we can fully understand the household financial situation. Please include items not required to be reported on the FAFSA (example: SNAP, TANF, Social Security benefits, veteran's educational benefits, etc.). If your parents live in another country, you must still submit their information, simply report the income and expense information converted to U.S. dollars.

I am Dependent for financial aid purposes because I had to provide my parental information on the FAFSA.

I am Independent for financial aid purposes because I did not have to provide my parental information on the FAFSA.

**Untaxed Income:**

**Total Benefit Received in 2016:**

1. Untaxed Income Earned
2. Welfare/SNAP Benefits
3. Social Security Benefits/Disability
4. Veteran's Non-Educational Benefits
5. Housing Assistance
6. Family/Friend Support
7. Workers' Compensation
8. Unemployment Benefits (non-taxable)
9. Savings/Investment
10. Other Income (Specify)
11. Payments to Tax-Deferred pension and retirement savings\*

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\* List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in boxes 12A through 12D with codes D,E,F,G,H and S.

**12. Child Support Received**

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2016

Total Untaxed Income (Add lines 1 through 12) \$ \_\_\_\_\_

You must also use these lines to explain unusually low expenses or any other special circumstances.

\_\_\_\_\_

\_\_\_\_\_

**Certification and Signatures**

I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize the student's financial aid eligibility.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Only required if student is a dependent)