

2017-2018 Low Income Statement Dependent Student

S						
Student ID Numb	er					
Student Name:		Phone Number:				
Parent(s) Name list	ed on FAFSA:					
nstructions: In revie	wing your applicat	ion for financial aid we	e have identified some inforn	nation that needs c	larification. The income	
			l estimate of your annual cos			
			parents) for the calendar yea	_		
	<u>Do not l</u>	eave line items blank	. If item is not applicable ple	ase write 0.		
		RESOURCES for 20	15 (Annual Amounts On	ly)		
	Student	Parent(s)		Student	Parent(s)	
Earnings from work	\$	\$	Financial Aid Refund	\$	\$	
Unemployment Compensation	\$	\$	Money used from Savings Account	\$	\$	
Disability (not Social Security)	\$	\$	Cash Gifts	\$	\$	
Pension / Retirement Funds	\$	\$	Bills paid on your behalf (explain below)	\$	\$	
Social Security (list type below)	\$	\$	Free or reduced lunch/ TANF/WIC/SNAP (circle all that apply)	\$	\$	
Workman's Compensation	\$	\$	Public Assistance (util housing / childcare)	\$	\$	
Child Support Received	\$	\$	Interest / Dividend Payments	\$	\$	
Alimony/Spousal Support Received	\$	\$	Veteran's Benefits (list type w/ amounts)	\$	\$	
Other -	\$	\$	- (please specify source)	:		
			s) covered all the living, food n lived with the mom's sister)			
Note: Additional req	uired documentati	on may be requested	by the Financial Aid Office.			
			, true and accurate. I understan Ind/or a fine pursuant to U.S. Cr			
Student Signature:				Date:		
Parent Signature:				Date:		