

2017-2018 Low Income Statement **Independent Student**

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Student ID Number

Student Name:

Phone Number:

Instructions: In reviewing your application for financial aid we have identified some information that needs clarification. The income reported on your financial aid application is below the federal estimate of your annual cost of living. In the fields below, please itemize the sources of income and expenses for student (& spouse) for the calendar year 2015.

		RESOURCES for 20	15 (Annual Amounts On	ly)	
	Student	Spouse		Student	Spouse
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):		

Do not leave line items blank. If item is not applicable please write 0.

Please write a short explanation of how you (& your spouse) covered all the living, food and housing costs in 2015 (e.g. student doesn't pay any rent/utilities because she lives with significant other (only their name on lease). Use the back of this form if necessary.

Note: Additional required documentation may be requested by the Financial Aid Office.

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature: _____ Date: _____