

**LOW INCOME STATEMENT**

\_\_\_ Student Information      \_\_\_ Parent Information

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

**AWARD YEAR:** \_\_\_\_\_

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 receive government assistance?

___ YES ___ NO	Low income housing	
___ YES ___ NO	Welfare/TANF	Monthly amount \$ _____
___ YES ___ NO	Food Stamps/WIC	Monthly amount \$ _____
___ YES ___ NO	Social Security Benefits	Monthly amount \$ _____
___ Other	_____	Monthly amount \$ _____

2. Did someone provide cash and/or did someone help pay bills on your behalf in the prior year that would be listed as untaxed income on the isir? (example: cash assistance, rent, car payment, phone bill, insurance, etc)

___ YES. Name of Provider	Relationship to Student	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

3. Do you live with your parents?

1. \_\_\_ YES
2. \_\_\_ NO. Please state who you are living with. (ex. friend, grandmother, roommate, etc)

4. Are you currently working? If so, how much are you earning per week?

5. If the questions above do not completely explain your situation, please briefly explain how you survived last year and/or how you are able to support your dependents by over 50%.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date