

2018-2019 STUDENT LOW INCOME INQUIRY FORM

This information is being requested because the income you reported on your FAFSA appears unusually low.

Student Name: _____

Student ID#: _____ **Social Security Number:** _____

INSTRUCTIONS:

- Please complete the questions listed below regarding your/your spouse's total 2016 income from January 1, 2016 to December 31, 2016.
- List the monthly amount and the number of months received during the year for each item.
- Questions left blank will cause this form to be returned to you for completion.

| TYPE OF INCOME OR BENEFIT | AMOUNT PER MONTH | NUMBER OF MONTHS |
|--|------------------|------------------|
| Wages, Salaries, Tips (Do not include Federal Work-Study) | | |
| Severance Compensation | | |
| Unemployment Compensation | | |
| Alimony | | |
| Child Support Received | | |
| Welfare Benefits (including ADC/AFDC/TANF) | | |
| Workers Compensation | | |
| Disability Payments; Vocational Rehabilitation | | |
| Social Security Benefits | | |
| Veteran's Non-Educational Benefits | | |
| Food Stamps | | |
| Subsidized Housing (value of subsidy) | | |
| Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits) | | |
| Money received or paid on your behalf (i.e. bills, rent, food) | | |
| Pension | | |
| Other (identify): | | |
| TOTAL INCOME OR BENEFITS | | |

Please explain **IN DETAIL** how living expenses (rent, utilities, food, transportation, medical, personal, etc.) were met for you/your family:

STUDENT SIGNATURE: _____ **DATE:** _____