



## Office of Financial Aid Explanation of Low Income 2015-2016

Student Name: \_\_\_\_\_ SSN or Student ID #: \_\_\_\_\_

You (and/or your parent) have reported an unusually low income for 2014. You must indicate how you and your family have supported yourselves by specifying how living expenses were covered. This would include any untaxed income, savings, or any of the other options listed below. **ZERO INCOME IS NOT ACCEPTABLE.**

Monthly Living Expenses for 2014		
	Student/Spouse	Parent(s)
Rent/Mortgage	\$	\$
Utilities	\$	\$
Food (Do not include Foodstamps)	\$	\$
Transportation	\$	\$
Cellphone	\$	\$
Clothing	\$	\$
Other (specify)	\$	\$
<b>x 12 months =Total 2014 Expenses</b>	\$	\$

2014 Income and Resources Yearly		
	Student/Spouse	Parent(s)
Wages earned from work (W-2's must be provided)	\$	\$
Child support received for all children	\$	\$
Unemployment compensation	\$	\$
Any other taxed income.	\$	\$
Social Security benefits (include SSI and disability.)	\$	\$
Savings	\$	\$
Welfare benefits including Temporary Assistance for Needy Families (TANF).	\$	\$
Cash received or money paid on your behalf.	\$	\$
Other (explain)	\$	\$
<b>Total 2014 Estimated Untaxed Income</b>	\$	\$

**Please explain how you and/or your family met your living expenses in 2014.** Attach statement to this form and return to the Office of Financial Aid within 10 days. By signing this form, you declare, under penalty of perjury, that the above information is true, complete and accurate to the best of your knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Dependent Student's Only)

\_\_\_\_\_  
Date

