



Office of Financial Aid Explanation of Low Income 2016-2017

Student Name: _____ SSN or Student ID #: _____

You (and/or your parent) have reported an unusually low income for 2015. 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 2015 | | |
|---|-----------------------|------------------|
| | Student/Spouse | Parent(s) |
| Rent/Mortgage | \$ | \$ |
| Utilities | \$ | \$ |
| Food (Do not include Foodstamps) | \$ | \$ |
| Transportation | \$ | \$ |
| Cellphone | \$ | \$ |
| Clothing | \$ | \$ |
| Other (specify) | \$ | \$ |
| x 12 months =Total 2015 Expenses | \$ | \$ |

| 2015 Income and Resources Yearly | | |
|--|-----------------------|------------------|
| Documentation Required If: | 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 | \$ | \$ |
| Cash received or money paid on your behalf. | \$ | \$ |
| Other (explain) * Must Submit Attached Statement | \$ | \$ |



| | | |
|--|----|----|
| Total 2015 Estimated Untaxed Income | \$ | \$ |
|--|----|----|

Please explain how you and/or your family met your living expenses in 2015. 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