



**FV022E**

Low Income Worksheet Dependent

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Additional information about your family's income, resources, and expenses is needed to clarify information on your financial aid application. Please complete the information below.

1. FEDERAL BENEFITS RECEIVED IN 2021	STUDENT	PARENT(S)
Did your family receive any federal benefits such as TANF, SNAP, housing subsidy, fuel assistance, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. ANNUAL INCOME AMOUNTS RECEIVED IN 2021 List <b>annual</b> amounts, Not monthly amounts!	STUDENT	PARENT(S)
Earnings from all jobs (Attach all 2021 W-2's and /or 1099 MISC) Include paid by cash.	\$	\$
Veterans Non-educational Benefits (ie: Disability, death pension, DIC)	\$	\$
Financial aid you received form college	\$	\$
Social Security Benefits	\$	\$
Workman's compensation, Disability (do not include untaxed social security or SSI)	\$	\$
Child support received	\$	\$
Alimony received	\$	\$
Money received form family or friends	\$	\$
Bills in your name pain by someone else	\$	\$
Housing, food or other Living Allowances Paid for Clergy, Military, etc.	\$	\$
Other income source or benefits received, explain:	\$	\$
<b>Total Annual Income</b>	\$	\$

3. ANNUAL EXPENSE AMOUNTS PAID IN 2021	STUDENT	PARENT(S)
List your total <b>ANNUAL</b> expenses (include rent, utilities, food, transportation, etc.)	\$	\$

**If annual expenses (section#3) exceed annual income (section#2), explain how you lived during 2021**

**(Do not leave blank)** \* If you need additional space, please write on the back of this form or include on a separate sheet of paper.

**CERTIFICATION**

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date