

EMPLID: _____

FV022X

DATE: _____



2018-2019 LOW INCOME WORKSHEET: INDEPENDENT

Date: _____ Student ID: _____

Last Name: _____ First Name: _____

Phone Number: _____ Email Address: _____

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 2016	STUDENT	SPOUSE
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 2016 List annual amounts, Not monthly amounts!	STUDENT	SPOUSE
Earnings from all jobs (Attach all 2016 W-2's and /or 1099 MISC) Include paid by cash.	\$	\$
Veterans Non-educational Benefits (ie: Disability, death pension, DIC)	\$	\$
Financial aid you received from college	\$	\$
Social Security Benefits	\$	\$
Workman's compensation, Disability (do not include untaxed social security or SSI)	\$	\$
Child support received	\$	\$
Alimony received	\$	\$
Money received from family or friends	\$	\$
Bills in your name paid by someone else	\$	\$
Housing, food or other Living Allowances Paid for Clergy, Military, etc.	\$	\$
Other income source or benefits received, explain:	\$	\$
Total Annual Income	\$	\$

3. ANNUAL EXPENSE AMOUNTS PAID IN 2016	STUDENT	SPOUSE
List your total ANNUAL expenses (include rent, utilities, food, transportation, etc.)	\$	\$

4. If annual expenses (section#3) exceed annual income (section#2), explain how you lived during 2016 (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_____
Spouse's Signature (Required for Married Students)_____
Date