

## Low Income Documentation Form

Student/Parent \_\_\_\_\_ SS# \_\_\_\_\_

Campus \_\_\_\_\_

You reported on your Free Application for Federal Financial Aid an unusually low amount of adjusted gross income, income earned from work, or income from other sources. Please answer the questions below by checking the blank next to the answer that most closely describes your situation for the calendar year \_\_\_\_\_. **Include a letter describing additional circumstances.**

1. Housing

- \_\_\_\_\_ a. Paid rent or mortgage payment for a house or apartment. Monthly amt. \_\_\_\_\_
- \_\_\_\_\_ b. lived with parent(s).
- \_\_\_\_\_ c. Lived in government subsidized housing.
- \_\_\_\_\_ d. Other (please explain)

2. Utilities

- \_\_\_\_\_ a. Included in rent.
- \_\_\_\_\_ b. Paid by friend or relative.
- \_\_\_\_\_ c. Paid by self. Monthly amt. \_\_\_\_\_

3. Transportation

- \_\_\_\_\_ a. Owned a vehicle. Monthly pymt. \_\_\_\_\_
- \_\_\_\_\_ b. Used a friend's or relative's vehicle.
- \_\_\_\_\_ c. Other \_\_\_\_\_

4. Food

- \_\_\_\_\_ a. Paid by self. Monthly amt. \_\_\_\_\_
- \_\_\_\_\_ b. Assisted by food stamps.
- \_\_\_\_\_ c. Provided by friend or relative.
- \_\_\_\_\_ d. Other \_\_\_\_\_

5. Medical Expenses

- \_\_\_\_\_ a. Covered by parent's insurance.
- \_\_\_\_\_ b. Paid bills myself. Monthly amt. \_\_\_\_\_
- \_\_\_\_\_ c. Medicaid
- \_\_\_\_\_ d. Other \_\_\_\_\_

6. Child Care

- \_\_\_\_\_ a. Friend or relative keeps children free of charge.
- \_\_\_\_\_ b. Not applicable.
- \_\_\_\_\_ c. Paid by self (explain) \_\_\_\_\_

7. During the \_\_\_\_\_ calendar year, I received \$ \_\_\_\_\_ of student financial aid from:  
(check all that apply)

- \_\_\_\_\_ a. Student loans
- \_\_\_\_\_ b. Pell Grant
- \_\_\_\_\_ c. State Grant
- \_\_\_\_\_ d. Scholarships
- \_\_\_\_\_ e. Other \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_