

Financial Aid Office 1900 Highway 31 S Bay Minette, AL 36507 251-580-2151

If your reported family Size was 1 your adjusted gross income was less than

If your reported family Size was 2 your adjusted gross income was less than

If your reported family Size was 3 or more your adjusted gross income was less than



Financial Aid Office PO Box 2000 2800 South Alabama Ave Monroeville, AL 36461 251-575-8256



Financial Aid Office PO Box 958 Brewton, AL 36427 251-809-1511

\$ 4000.00

\$ 8000.00

\$ 12,000.00

FINANCIAL AID INSUFFICIENT INCOME STATEMENT

Your student aid report (SAR) has indicated that your household has adjusted gross income less than the amounts as listed below for your family size

You need to explain how you were a	ble to sustain your household. Please include the following information:
	old) receive Social Security benefits for 2015? Yes No if YES what is the annual year amount NOT MONTHLY)
Did you (or anyone else in the housamount received?	ehold) receive Disability benefits in 2015? Yes No if yes what is the (this is the annual year amount NOT MONTHLY)
In the space below please explain h whatever sources that you have. Us	ow you maintained your household. Be specific with actual dollars amounts fron another page if necessary.
Student Name (Print):	Student ID
Student signature:	
Parent Name (Print) if student is depe	dent:
Parent signature if student is depende	t·

Submitting this signed statement certifies that all of the information reported on it is complete and correct