



The Office of Financial Aid
 Room 241 North
 695 Park Avenue
 New York, NY 10065
 Tel. (212)-772-4820
 Fax (212)-650-3666

2015-2016 Low Income Statement Independent Student

Student Name: _____ SSN: _____ Emplid ID: _____

You reported an unusually low income for your family on your FAFSA. If the information on your FAFSA is inaccurate, speak to a financial aid representative about making the necessary corrections. If the information on your FAFSA is accurate, complete all parts of this Low Income Statement. If you have questions about completing this form, please speak with a financial aid representative.

1. Did anyone in your Household receive benefits from any of the following federal benefit programs in 2013 or 2014?

Social Security Benefits – Yes No

SNAP – Yes No

Monthly Amount: \$ _____

Monthly Amount: \$ _____

of Months Received in 2014: _____

of Months Received in 2014: _____

Public Assistance/TANF – Yes No

Section 8 (HPD/HUD) – Yes No

Monthly Amount: \$ _____

Monthly Amount: \$ _____

of Months Received in 2014: _____

of Months Received in 2014: _____

2. Did you or your spouse (if married) receive funds from child support or other untaxed income in 2014?

No

Yes, Type of Untaxed Income _____ Amount Received \$ _____

3. Did you or your spouse (if married) live with a relative or someone else who provided free room and board in 2014?

No

Yes, Name _____ Relationship _____

4. Did you or your spouse (if married) live in another country (not the U.S.) in 2014?

No

Yes, Name of Country _____ Arrival Date (MM/YY) to U.S. _____

5. Did you or your spouse (if married) have income in their country of origin (not the U.S.) in 2014?

No

Yes – How much did you or your spouse (if married) earn in 2014? (In U.S. Dollars) \$ _____

6. Did someone else pay your and your spouse's (if married) personal expenses in 2014?

No

Yes, Name _____ Relationship _____

Total \$ amount paid/received in 2014 _____

Additional Comments:

STUDENT CERTIFICATION: I declare that all information submitted on this form is true and complete.

Student's Signature: _____ Date: _____

Office Use Only

FA Advisor _____ Date _____

Action Taken: OK to Clear Checklist ISIR Corrections Needed Request Additional Documentation