

**2015-2016 LOW INCOME FORM**

NAME: \_\_\_\_\_ SCC ID \_\_\_\_\_

Your reported 2014 income has been identified as unusually low to meet standard living expenses for yourself and/or your household. You and your spouse (if married) or parents (if dependent) must explain how your family was financially supported during the 2014 calendar year – **January through December 2014**.

In your explanation, include how the following types of expenses are paid:

- Housing
- Utilities
- Transportation
- Food
- Clothing
- Childcare
- Medical Expenses

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*I certify that the information provided is an accurate account of how my family's expenses were paid in calendar year 2014.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if married): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if dependent): \_\_\_\_\_ Date: \_\_\_\_\_