



2017-2018 Independent Low Income Worksheet

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Alternate or Cell Phone Number

1. You and/or your spouse reported a total income that appears to be unusually low. Please provide a **detailed** statement below explaining how you and/or your spouse provide for living expenses, utilities and food costs for your household.

2. **Social Security/Disability Income**

List the actual amount of Social Security Income received in 2015 for anyone in your household.

Name of Household Member Who Received Social Security Income	Annual Amount of SSI Received in 2015
Total Amount of Social Security Income Received	\$

3. **Child support received**

List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Annual Amount of Child Support Received in 2015
Total Amount of Child Support Received		\$

4. **Veteran’s non-educational benefits, such as a Disability or Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.**

Name of Household Member Who Received Veteran’s Non-Educational Benefits	Annual Amount Received in 2015
Total Amount of Veteran’s Non-Educational Benefit Received	\$

5. **Please provide other financial assistance that you or your spouse receive monthly.**

Type of Assistance	Amount Received Monthly
ADC	\$
Food Stamps (SNAP)	\$
Daycare	\$
Housing (Rent, Utilities, etc.)	\$
Other:	\$

6. **Does anyone else in your household receive the above listed benefits?** ___ Yes ___ No

7. **Money received or paid on the student’s behalf**

List any money received or paid on the behalf of you and/or your spouse (ex., payment of student’s bills) and not reported elsewhere on this form. Do not include support from anyone whose information was included on the 2017-2018 FAFSA. For example, if someone is paying rent, utility bills, etc., for the student include the amount of that person’s contributions.

Purpose: (ex, Cash, Rent/House Payment, Books)	Who is the Provider of these funds?	Annual Amount Received in 2015
Total Amount Received		\$

I certify that all of the above information is true and correct to the best of my knowledge and if I am asked, I agree to provide supporting documentation.

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE’S SIGNATURE (optional): _____ DATE: _____