

2016 – 2017 Low Income Statement Form

First Name: _____

Last Name: _____

EMPL ID: _____

Hunter Email: _____

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.

Using the chart below, list the 2015 monthly living expenses for your parent(s) (if dependent) OR yourself (if independent).

- **First column:** No required action.
- **Second column:** You will need to indicate your/your parent's monthly amount due.
- **Third Column:** How much was paid by you/your parent(s).
- **Fourth Column:** Any amount paid by someone else. (If applicable)
- **Fifth Column:** Who provided the assistance from the fourth column? (If applicable)

**** Column three and column four should add up to equal column two ****

This chart should not be left blank. Please indicate zero "0" or N/A if the information does not apply. If this form is filled out incorrectly or it is incomplete, it will delay processing of your financial aid. *Carefully review the examples below to see how to properly report your information!*

1. If you did not pay housing, utilities or food because you lived at home, please indicate "lived with parents" under the heading "Who provided the assistance?"
2. If there is no mortgage, please indicate "paid in full" under the heading "Who provided the assistance?"
3. Sources of assistance may include, but not limited to:
 - Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Women Infants and Children (WIC)
 - Supplemental Security Income (SSI)
 - Social Security Disability (SSD), Social Security Disability Insurance (SSDI) or Retirement, Survivors and Disability Insurance (RSDI)

| Column 1 | 2 | 3 | 4 | 5 |
|---|----------------|-----------------------|------------------------------------|--|
| 2015 Living Expense for Person Checked Above | Monthly amount | Amount paid by person | Amount paid by agency/other person | Who provided the assistance? (i.e. social services, HUD, friend, relative, significant other, parents, etc.) |
| <i>EXAMPLE – Housing</i> | <i>\$ 500</i> | <i>\$ 250</i> | <i>\$ 250</i> | <i>HUD</i> |
| <i>EXAMPLE – Insurance</i> | <i>\$ 100</i> | <i>\$ 0</i> | <i>\$ 100</i> | <i>Parents</i> |
| Housing (rent or mortgage) | | | | |
| Child care | | | | |
| Utilities (heat, electricity, phone, etc.) | | | | |
| Insurance (health, life, car, renter's, home, etc.) | | | | |
| Medical/dental (Medicaid, enter \$0) | | | | |
| Transportation (bus, car, gas, subway, etc.) | | | | |
| Food | | | | |
| Clothing/Other personal expenses | | | | |
| <i>(Office use only)</i> | | | | |

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1. Did anyone in your Household receive benefits from any of the following federal benefit programs in 2014 or 2015?

- Social Security Benefits: ☐ Yes ☐ No Monthly Amount: \$ _____
of Months Received in 2015: _____
- SNAP: ☐ Yes ☐ No Monthly Amount: \$ _____
of Months Received in 2015: _____
- Public Assistance/TANF: ☐ Yes ☐ No Monthly Amount: \$ _____
of Months Received in 2015: _____
- Section 8 (HPD/HUD) : ☐ Yes ☐ No Monthly Amount: \$ _____
of Months Received in 2015: _____

2. Did you or your spouse (if married) or parent(s) receive funds from child support or other untaxed income in 2015?

☐ No
☐ Yes, Type of Untaxed Income _____ Amount Received \$ _____

3. Did you or your spouse (if married) or parent(s) live with a relative or someone else who provided free room and board in 2015?

☐ No
☐ Yes, Name _____ Relationship _____

4. Did you or your spouse (if married) or parent(s) live in another country (not the U.S.) in 2015?

☐ No
☐ Yes, Name of Country _____ Arrival Date (MM/YY) to U.S. ____/____/____

5. Did you or your spouse (if married) or parent(s) have income in their country of origin (not the U.S.) in 2015?

☐ No
☐ Yes, How much did you or your spouse (if married) or parents earn in 2015? (In U.S. Dollars) \$ _____

6. Did someone else pay your and your spouse's (if married) or parent's personal expenses in 2015?

☐ No
☐ Yes, Name _____ Relationship _____
Total amount paid/received in 2015 \$ _____

7. If you have recently moved to the United States, please indicate your date of arrival:

(MM/YY): ____/____/____

8. If you were deployed in 2014-15, please enter the dates of deployment here:

(MM/YY): From ____/____/____ to ____/____/____

9. If you used VA Benefits or savings in 2015 to cover expenses, what was the amount?

\$ _____

10. Are you/your parents working in 2015?

☐ No
☐ Yes, what is your expected income? \$ _____

STUDENT CERTIFICATION

I/we hereby certify that all information contained in this low income statement is true and complete to the best of my knowledge. I/we have not knowingly or intentionally provided any fraudulent information. I/we understand that if I am found to have knowingly or intentionally given false information or fraudulent documentations, it may result in fines, penalties and my eligibility for federal student aid may be jeopardized.

Student's Signature: _____ Date: ____/____/____

Parent's Signature: _____ Date: ____/____/____

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FA Advisor: _____ Date: ____/____/____

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