



2016-2017 Minimal Income Statement Form (LIVE Form)

Student Name: _____

Social Security Number or NLU ID: _____

You reported an unusually low amount of household income on your 2016-2017 Free Application for Federal Student Aid (FAFSA). In order to document how the household was maintained on this amount of income, please complete this form and return it to our office.

Independent Students need to complete information regarding student only. **Dependent Students** need to complete information for both students and parents. If you do not know if you are Independent or Dependent, please contact the Student Finance Office. If any question is left unanswered, this form will be returned to you, which will delay your application process.

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I am a Dependent Student

(Student & Parent data required on the FAFSA)

(I do not meet the definition of Independent student shown below)

☐

I am an Independent Student - you are able to state at least ONE of following to be true:

- ☐ You were born before January 1, 1993.
- ☐ You were married, as of the day you filed the Free Application for Federal Student Aid (FAFSA).
- ☐ You have children for whom you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- ☐ You have dependents (other than your children or spouse) who live with you and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.
- ☐ When you were 13 years or older you were: an orphan (both parent's deceased), in foster care, or a ward/dependent of the court
- ☐ You are a veteran of the U.S. Armed Forces.
- ☐ You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- ☐ You are an emancipated minor as determined by a court in your state of legal residence.
- ☐ You are in legal guardianship as determined by a court in your state of legal residence.
- ☐ You are an unaccompanied homeless youth determined by either: your high school or school district homeless liaison, the director of an emergency shelter program funded by HUD, or director of a runaway or homeless youth basic center transitional living program.

Please be specific and report information for the calendar year 2015, not the current year. Parent information only required when student is considered Dependent.

Student (and Spouse) Amount Received for the Year 2015	Source of Income and Support	Parent(s)/Step-parent(s) Gross Amount Received for the Year 2015 (Do not use grandparent(s) information)
\$	Student's Income from work. (Provide all 2015 W2s)	\$ (indicate which parent)
\$	Spouse's Income from work. (Provide all 2015 W2s)	\$ (indicate which parent)
\$	Unemployment	\$
\$	Workman's Comp	\$
\$	SNAP/Food Stamps	\$
\$	Child Support	\$
\$	Financial Aid	\$
\$	Parent/Other Relatives/Friend	\$
\$	SSI	\$
\$	Disability	\$
\$	TANF/Welfare	\$
\$	WIC	\$
\$	Veteran's Non-education Benefits	\$
\$	Other Source:	\$

To be completed by Student (and Spouse, if married):

Who provides the following to the STUDENT?	Amount per month in 2015	From what source is this being paid? (i.e. I lived with aunt; money earned from my job; I lived with friend)
Car expenses, Gas, Insurance, Bus fare	\$	
Rent/Mortgage	\$	
Utilities	\$	
Food	\$	
Personal Care (clothing, hygiene, etc.)	\$	

To be completed by Parent(s)/Step-parent(s): (Dependent Students Only)

Who provides the following to the Parent?	Amount per month in 2015	From what source is this being paid? (i.e. I lived with aunt; money earned from my job; I lived with friend)
Car expenses, Gas, Insurance, Bus fare	\$	
Rent/Mortgage	\$	
Utilities	\$	
Food	\$	
Personal Care (clothing, hygiene, etc.)	\$	

Use the space below to provide additional comments needed to explain how the household was maintained on the reported income and to report changes in income and/or living accommodations.

Certifications and Signature:

By signing this worksheet, you certify that all the information reported to qualify for student financial aid is true and accurate. You understand that if this form is incomplete, your aid will be delayed. **Both parent and student MUST sign if student is Dependent.**

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature

Date

Submit Documents to - Mail: National Louis University, Student Finance Office, 1000 Capitol Drive, Wheeling, IL 60090 ~
Fax: 847-465-5894 ~ **Email:** studentfinance@nl.edu