



2018-2019

**LOW INCOME
WORKSHEET**

Student's Last Name _____ Student's First Name _____ Middle Initial _____ Student's Social Security Number _____

The income reported on your 2018/19 FAFSA appears insufficient to support the number of people in your household. Report amounts paid for each **2016** expenditure, including cash paid by a third party. Do not leave any item blank.

Independent student must fill out information based on their household.

Dependent students must fill out information based on parent's household.

FEDERAL BENEFITS

YES or NO - did anyone in your household receive any of the following federal benefits in **2016 or 2017**?

	Free or Reduced Lunch
	SSI – Supplemental Security Income
	TANF – Temporary Assistance for Needy Families
	WIC – Special Supplemental Nutrition Program for Women, Infants, and Children
	SNAP –2016 or 2017 Supplemental Nutrition Assistance Program
	Medicaid

2016 MONTHLY HOUSEHOLD INCOME/RESOURCES

Supporting documentation of income may be required: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements, and/or notarized statement from third party providing income/resource.	Amount Received Monthly
Income from work – before taxes or deductions	\$
Unemployment or Disability	\$
Child Support Received	\$
Social Security Benefits	\$
Public Assistance/Subsidized Housing Income	\$
Veterans Benefits and Housing (non-educational)	\$
Support Received from a third party (relatives/friends/other)	\$

2016 MONTHLY HOUSEHOLD EXPENSES

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Rent/Mortgage	\$			
Electric, Gas, and Water	\$			
Credit Card and Loans	\$			
Car Payment, Insurance, and Gasoline	\$			
Groceries/Food	\$			

