

ILIS17

2016-2017
Academic Year

LOW INCOME FORM
Supplement to the
Independent Verification
Worksheet



This form will help supplement the information provided on the **Independent Verification Worksheet**. Your income entered on the FAFSA falls 50% below Federal Poverty Guidelines for your reported household size. This form will enable our office to understand how you met your living expenses in 2015.

****PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM IS COMPLETED AND RETURNED****

First Name: _____ **Middle Initial:** ____ **Last Name:** _____

Student ID Number: _____ **Email address:** _____@bucs.fsw.edu

Phone Number: _____

A. Your Income & Expenses – Calendar Year 2015

Listing your income on page 1 and expenses on page 2 will help clarify how your family lived on the income reported on your FAFSA. **Total expenses should not exceed total income.**

YOUR INCOME – CALENDAR YEAR 2015 Enter your sources of yearly income used to meet your expenses	<u>Monthly Amount</u> If ZERO, write in "0"	<u>Annual Amount</u> If ZERO, write in "0"
Wages, Salaries, & Tips (see W-2 or Tax Return)	\$	\$
Expenses or Bills paid on your behalf and Cash given by friends or relatives	\$	\$
Social Security Benefits/Supplemental security income	\$	\$
Unemployment compensation/Worker's compensation	\$	\$
TANF/ADC/AFDC	\$	\$
Food Stamps	\$	\$
Child support	\$	\$
Day care assistance (including WIC)	\$	\$
Financial aid received in excess of tuition (refund, campus housing, etc)	\$	\$
Savings used to pay expenses (attach record of account balances of January 2015)	\$	\$
Other: Explain: _____ _____	\$	\$
TOTAL INCOME – CALENDAR YEAR 2015	\$	\$

Student ID: _____
 First Name: _____ Last Name: _____

YOUR EXPENSES – CALENDAR YEAR 2015 Enter your yearly expenses for each item listed	<u>Monthly Amount</u> If ZERO, write in "0"	<u>Annual Amount</u> If ZERO, write in "0"
Food (must enter amount greater than zero)	\$	\$
Housing (rent, mortgage, property tax, insurance, maintenance, etc) Check where you lived in 2015: ___ Own Home ___ Apartment ___ Relative/Friend/Other Did you receive any government housing subsidy or assistance? ___ No ___ Yes	\$	\$
Utilities (Cable, cell phone, telephone, natural gas, electric, garbage, etc...) Check if you received any government utility assistance in 2015? ___ PIPP ___ HEAP ___ Other _____	\$	\$
Transportation (Gas, car payment, insurance, bus pass, auto maintenance, etc...)	\$	\$
Day care for children	\$	\$
Personal (clothing, entertainment, hygiene products, etc...)	\$	\$
Medical/Health expenses (Not covered by insurance)	\$	\$
Other: Explain: _____ _____	\$	\$
TOTAL EXPENSES –CALENDAR YEAR 2015	\$	\$

B. Clarification of Your Income Reported on the FAFSA

Your low income may result from an unusual situation which cannot be clearly represented in Section B. In these cases it is **very important** to provide a written explanation of your income and living expenses for 2015. In addition, to providing any supporting information requested above, please answer the question below.

Do your total expenses, listed above exceed your total income listed on page 1?

___ NO ___ YES —→ **If YES, help our office by explaining below.**

Attach a separate sheet if necessary.

Student Signature

Date