

**2017-2018  
Academic Year**

**LOW INCOME FORM  
Supplement to the  
Dependent Verification  
Worksheet**



This form will help supplement the information provided on the **Dependent Verification Worksheet**. Your family's income entered on the FAFSA falls 50% below Federal Poverty Guidelines for their reported household size. This form will enable our office to understand how your family met their 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. Parent(s) Income & Expenses – Calendar Year 2015

Listing your parent(s) 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.**

<b>PARENT INCOME – CALENDAR YEAR 2015</b>	<b><u>Monthly Amount</u></b>	<b><u>Annual Amount</u></b>
Enter parent(s) sources of yearly income used to meet their expenses	If ZERO, write in "0"	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)	\$	\$
<b>Other:</b> Explain: _____ _____	\$	\$
<b>TOTAL INCOME – CALENDAR YEAR 2015</b>	<b>\$</b>	<b>\$</b>

Your parent(s) low income may result from an unusual situation which cannot be clearly represented in Section B. In these cases it

Student ID: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PARENT EXPENSES – CALENDAR YEAR 2015 Enter parent(s) 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)  <b>Check where your parent(s) lived in 2015:</b> ___ Own Home ___ Apartment ___ Relative/Friend/Other <b>Did you receive any government housing subsidy or assistance?</b> ___ No ___ Yes	\$	\$
Utilities (Cable, cell phone, telephone, natural gas, electric, garbage, etc...)  <b>Check if your parent(s) received any government utility assistance in 2015?</b> ___ 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)	\$	\$
<b>Other:</b> Explain: _____ _____ _____	\$	\$
<b>TOTAL EXPENSES –CALENDAR YEAR 2015</b>	<b>\$</b>	<b>\$</b>

is **very important** to provide a written explanation of your parent(s) income and living expenses for 2015. In addition, to providing any supporting information requested above, please answer the question below.

**Do your parent(s) total expenses, listed above exceed their total income listed on page 1?**

\_\_\_ NO \_\_\_ YES —> **If YES, help our office by explaining below.**

---



---



---



---



---



---



---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_