

**2017-2018  
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)	\$	\$
<b>Other: Explain:</b> _____ _____	\$	\$
TOTAL INCOME –CALENDAR YEAR 2015	\$	\$

*Florida SouthWestern State College, an equal access institution, prohibits discrimination in its employment, programs and activities based on race, sex, gender, age, color, religion, national origin, ethnicity, disability, pregnancy, sexual orientation, marital status, genetic information or veteran's status. The College is an equal access/equal opportunity institution. Questions pertaining to educational equity, equal access, or equal opportunity should be addressed to Title IX Coordinator/Equity Officer, 8099 College Parkway, Fort Myers, Florida 33919, [equity@fsw.edu](mailto:equity@fsw.edu), 239.489.9051 or to the Assistant Secretary for Civil Rights, United States Department of Education.*

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

<b>YOUR EXPENSES – CALENDAR YEAR 2015</b> 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)  <b>Check where you 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 you 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)	\$	\$
Other: Explain: _____ _____	\$	\$
<b>TOTAL EXPENSES –CALENDAR YEAR 2015</b>	<b>\$</b>	<b>\$</b>

**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.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FA- Rev 10/16 Student Signature Date

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