

2018-2019
Academic Year

Dependent Low Income Statement



Student Last Name: _____	Student First Name: _____	Student ID: _____@_____
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To continue processing your Free Application for Federal Student Aid (FAFSA), which was selected for verification, please complete and submit this form to our office. **Incomplete forms or conflicting information will delay the process.** Submitted documents may require additional documentation. Federal regulations require FSW to verify that your FAFSA is accurate and it will be corrected with the information provided on this form. Please read carefully. **DO NOT EMAIL documents with Personally Identifiable Information (PII)** (i.e. SSN, Full Name, Phone #, Address...).

A. Parent Income for 2016		B. Parent Expenses for 2016	
Enter parent sources of yearly income.	Annual Amount <small>If ZERO, put "0"</small>	Enter parent yearly expenses.	Annual Amount <small>If ZERO, put "0"</small>
Wages, Salaries, Tips (see W-2 or Tax Return), unemployment, worker's comp.	\$	Housing (rent, mortgage, property tax, insurance, maintenance, etc.)	\$
Expenses or Bills paid on your behalf and Cash given by friends or relatives	\$	Utilities (Cable, cell phone, telephone, natural gas, electric, garbage, etc.)	\$
Social Security Benefits/Supplemental security income	\$	Food	\$
Child support	\$	Transportation (Gas, car payment, insurance, bus pass, etc.)	\$
Financial aid received in excess of tuition (refund, campus housing, etc.)	\$	Day care for children	\$
Savings used to pay expenses	\$	Personal (clothing, entertainment, hygiene products, credit card, debt, etc.)	\$
Other: Explain:	\$	Medical/Health expenses (Not covered by insurance)	\$
Other: Explain:	\$	Other: Explain:	\$
TOTAL INCOME for 2016	\$	TOTAL EXPENSES for 2016	\$

Your parent low income may result from an unusual situation which cannot be clearly represented in Sections A&B. In these cases it is important to provide an explanation of the income and living expenses for 2016. **Please answer the question below.**

Did your parent total expenses, Section B, exceed the parent total income, Section A?

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

If more space is needed please attach statement.

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Information provided on this worksheet will be used if it differs from what was entered on the original FAFSA submitted.

Student Name: _____ PRINT Signature: _____ Date: _____

Parent Name: _____ PRINT Signature: _____ Date: _____

How to submit: Fax: 239-489-9127, Mail: Florida SouthWestern, attn: Financial Aid, 8099 College Pkwy., Fort Myers, FL 33919 or in person to FSW Office of Student Financial Aid (any campus).

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