



LOW INCOME STATEMENT DEPENDENT 2020 - 2021

Student Name _____

Parent(s) Name(s) _____

Parents who report little or no income for the year are required to provide additional information regarding living expenses for the **2018** year and the resources used to meet these costs. This form should be completed in its entirety and signed by the parent whose income information was requested on the student's 2020-2021 Free Application for Federal Student Aid (FAFSA).

Check the following TRUE statement:

- I have already filed my 2018 Federal Income Tax return.
- I **DO NOT** plan to file a 2018 Federal Tax return. I **DID NOT** work during 2018.

Please complete this form in its entirety. If an item does not apply to you, please indicate N/A. The following is based on annual income and costs from January 1, 2018 to December 31, 2018.

INCOME (For the Year multiply x 12)

EXPENSES (For the Year, multiply x 12)

Employment	\$		Housing	\$
Social Security	\$		Food	\$
TANF	\$		Transportation	\$
Food Stamps	\$		Telephone	\$
VA Benefits	\$		Utilities (Gas Water/Electric)	\$
Child Support	\$		Health Insurance	\$
Cash gifts from Family/Friends	\$		Clothing Expense	\$
			Dependent Care/ Day Care Cost	\$
			Personal Care:	\$
Other (Specify)	\$		Other Expenses (Specify)	\$
Total	\$	Must cover this amount----->	Total	\$

****If your total income does not support your total expenses, please explain how these expenses were met. If applicable provide the dollar value of support your received and for living expenses paid on your behalf for the year. ****

CERTIFICATION AND SIGNATURES:

The parent(s) must sign this form. I (We) certify that all of the information on this form is complete and correct to the best of my (our) knowledge.

Parent 1 Signature _____

Date _____

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