

Low Income Documentation Form

Student/Parent _____ SS# _____
Campus _____

You reported on your Free Application for Federal Financial Aid an unusually low amount of adjusted gross income, income earned from work, or income from other sources. Please answer the questions below by checking the blank next to the answer that most closely describes your situation for the calendar year _____. **Include a letter describing additional circumstances.**

1. Housing

- _____ a. Paid rent or mortgage payment for a house or apartment. Monthly amt. _____
_____ b. lived with parent(s).
_____ c. Lived in government subsidized housing.
_____ d. Other (please explain)

2. Utilities

- _____ a. Included in rent.
_____ b. Paid by friend or relative.
_____ c. Paid by self. Monthly amt. _____

3. Transportation

- _____ a. Owned a vehicle. Monthly pymt. _____
_____ b. Used a friend's or relative's vehicle.
_____ c. Other _____

4. Food

- _____ a. Paid by self. Monthly amt. _____
_____ b. Assisted by food stamps.
_____ c. Provided by friend or relative.
_____ d. Other _____

5. Medical Expenses

- _____ a. Covered by parent's insurance.
_____ b. Paid bills myself. Monthly amt. _____
_____ c. Medicaid
_____ d. Other _____

6. Child Care

- _____ a. Friend or relative keeps children free of charge.
_____ b. Not applicable.
_____ c. Paid by self (explain) _____

7. During the _____ calendar year, I received \$ _____ of student financial aid from:
(check all that apply)

- _____ a. Student loans
_____ b. Pell Grant
_____ c. State Grant
_____ d. Scholarships
_____ e. Other _____

Signature _____
01/09/02

Date _____