

Office Use Only	

Office of Financial Aid

2017-2018 Independent Low Income Form

Student Name:							
SSN (last four digits): Phon					e Number:		
-	t the basic	living expe	nses to s	upport your ho	ation you reported on the 2017-2018 FAFSA appears to be insufficient ousehold. In order to verify how you supported yourself and your family,		
Student Resource	es:						
Did you receive from	ee housing	from a pare	ent, friend	d, relative, or so	someone whom you have a relationship?		
Did you receive from	ee food/gro	ceries from	a parent	, friend, relative	ve, or someone whom you have a relationship? \square Yes \square No		
Did you receive from	ee child cai	re from a pa	arent, frie	nd, relative or s	someone with whom you have a relationship?		
Student Expense items, if the exper					endar year. Items with an asterisk cannot be zeroes or blank. For all othe		
*Housing (rent or mortgage)		_Monthly	\$	Yearly	Did you pay for this expense?		
*Utilities (electricity, gas, w		_Monthly	\$	Yearly	Did you pay for this expense? ☐ Yes ☐ No If not, who paid for this expense?		
*Transportation (car loan, insurance		_Monthly ner)	\$	Yearly	Did you pay for this expense? ☐ Yes ☐ No If not, who paid for this expense?		
Miscellaneous (phone, cable, into	_	Monthly ing)	\$	Yearly	Did you pay for this expense?		
Signature: I cert	tify that all t	he informa	tion provi	ded above, to t	the best of my knowledge; accurately describes my living situation.		
Student Signature	:				Date:		

If there is any additional information that can help clarify this form, please attach a signed letter.