

Office of Financial Aid
2016-2017 Independent Low Income Form

Student Name: _____

SSN (last four digits): _____ Phone Number: _____

According to the federal Income guidelines, the income information you reported on the 2016-2017 FAFSA appears to be insufficient and does not meet the basic living expenses to support your household. In order to verify how you supported yourself and your family, please provide additional information in the steps below.

Student Resources:Did you receive free housing from a parent, friend, relative, or someone whom you have a relationship? Yes NoDid you receive free food/groceries from a parent, friend, relative, or someone whom you have a relationship? Yes NoDid you receive free child care from a parent, friend, relative or someone with whom you have a relationship? Yes No

Student Expenses: List all of your expenses for the 2015 calendar year. Items with an asterisk cannot be zeroes or blank. For all other items, if the expense does not apply to you, please insert a "0".

*Housing (rent or mortgage)	\$ _____ Monthly	\$ _____ Yearly	Did you pay for this expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If not, who paid for this expense? _____

*Utilities (electricity, gas, water)	\$ _____ Monthly	\$ _____ Yearly	Did you pay for this expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If not, who paid for this expense? _____

*Transportation (car loan, insurance, gas, other)	\$ _____ Monthly	\$ _____ Yearly	Did you pay for this expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If not, who paid for this expense? _____

Miscellaneous (phone, cable, internet, clothing)	\$ _____ Monthly	\$ _____ Yearly	Did you pay for this expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If not, who paid for this expense? _____

Signature: I certify that all the information provided above, to 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.