

**2023-2024 LOW INCOME STATEMENT=DEPENDENT STUDENT**  
**THIS FORM MUST BE COMPLETED BY THE PARENT**

STUDENT NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_

Please complete the following form since the income/resources you declared on your FAFSA is below the us department of health and human services poverty guidelines.

1. Do you receive any of the following benefits? If benefits were received in 2021/2022; answer "YES" to the question on the FAFSA. If child support was received in 2021; the amount received would be listed on the parent's side of the FAFSA.

Low income housing

Yes or  No

Child support received (line item 89c)

Yes; Year began \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

Medicaid or supplemental security income (SSI) =Please circle which benefit(s) were rec'd (line item 71)

Yes; Year began \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

Supplemental nutrition assistance program (SNAP) (line item 72)

Yes; Year began \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

Free or reduced price school lunch (line item 73)

Yes; Year began \_\_\_\_\_  No

Temporary assistance for needy families (TANF) (line item 74)

Yes; Year began \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

Special supplemental nutrition program for woman, infants & children (WIC) (line item 75)

Yes; Year began \_\_\_\_\_  No

Veterans noneducation benefits, such as disability, death pension, or dependency & indemnity compensation (DIC) and/or VA educational work-study allowances (line item 89g)

Yes; Year began \_\_\_\_\_ List benefit rec'd \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

Other untaxed income not reported in items 89a through 89h, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—schedule 1-line 13. **DON'T INCLUDE** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, SSDI, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels

Yes; Year began \_\_\_\_\_ List benefit rec'd \_\_\_\_\_ List annual amount rec'd \$ \_\_\_\_\_  No

2. Are you currently employed?  YES; Start of employment: \_\_\_\_\_ Earnings per week: \$ \_\_\_\_\_  NO  
(MMDDYYYY)

If married, is your spouse employed?  YES; Start of employment: \_\_\_\_\_ Earnings per week: \$ \_\_\_\_\_  NO  
(MMDDYYYY)

\_\_\_\_\_  
Student Signature Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature Required

\_\_\_\_\_  
Date