

2023-2024 LOW INCOME STATEMENT=INDEPENDENT STUDENT

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 student's side of the FAFSA.

Low income housing

Yes or No

Child support received (line item 41c)

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 92)

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

Supplemental nutrition assistance program (SNAP) (line item 93)

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

Free or reduced price school lunch (line item 94)

Yes; Year began _____ No

Temporary assistance for needy families (TANF) (line item 95)

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

Special supplemental nutrition program for woman, infants & children (WIC) (line item 96)

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 41g)

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

Other untaxed income not reported in items 41a through 41h, 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. Did someone give you cash/pay any bill/s listed in your name in 2021? (Example: cash, rent, car payment, phone bill, insurance, etc.) (line item 41i)

Yes; name of provider _____ relationship to you _____ List annual amount rec'd \$ _____

No; I did not receive any cash nor were there any bills listed in my name paid by others in 2021.

3. Do you currently live with your parent(s)?

YES

NO; please state whom you are residing with. (Ex: friend, grandmother, roommate, etc.): _____

4. Are you currently employed?

YES; Start of employment: _____ Earnings per week: \$ _____
(MMDDYYYY)

NO

If married, is your spouse employed? YES; Start of employment: _____ Earnings per week: \$ _____
(MMDDYYYY)

NO

Student Signature Required

Date