

2016-2017
Dependent - Low Income Documentation Form

Student's Name: _____ **Social Security#:** _____

The information reported on your child's Free Application for Federal Student Aid (FAFSA) shows an unusually low adjusted gross income, income earned from work, or income from other sources (**2015**). Check an answer that most closely describes your situation for the calendar year of **2015 (only)**. Include any additional information if needed. **PLEASE COMPLETE ALL SECTIONS OF THIS FORM.**

In 2015 - Housing

_____ I paid the rent/mortgage payment for a house/apartment. **Lease/mortgage was in whose name?** _____
_____ Lived in government subsidized housing. Lease was in whose name? _____
_____ Incarcerated. Entered Date _____ Release Date _____
_____ Paid for by friend or relative. **Was your name on the lease/mortgage?** No Yes, the **total** paid in **2014** was \$ _____
_____ Other: _____

In 2015 - Utilities

_____ Included in my rent
_____ Paid for by a friend or relative. **Was your name on any of these utility bills?** _____ **total** paid in **2014** was?
\$ _____ I paid for myself **Did you receive assistance?**

In 2015-Transportation

_____ I have a vehicle. In **2015** did you have a car-loan, **in your name?** No Yes. Who paid this monthly car payment? _____
_____ **Total** paid in **2015** for the car payments mentioned above? \$ _____
_____ Other: _____

In 2015 - Groceries

_____ Food stamps
_____ I paid for myself
_____ Friend or relative paid. **Total** paid in **2015** \$ _____
_____ Other: _____

In 2015 - Medical Expenses

_____ I paid for myself
_____ Medicaid
_____ I did not have medical insurance
_____ Friend or relative paid my medical expenses. **Total** paid in **2015**, was \$ _____

In 2015 - Child Care

_____ I paid for myself
_____ Friend or relative cared for my children and they didn't charge me
_____ Child Care Subsidy
_____ Other: _____
_____ **Child Support Received in 2015:** \$ _____/year.

In 2015 - Clothing

_____ I paid for myself
_____ Friend or relative paid for. **Total** paid in **2015** \$ _____

In 2016, I will receive the following income sources to support myself and dependents (check all that apply)

_____ **I provide more than 50% financial support to my dependents listed in household.**
_____ **Working:** _____ **Estimated Amount of income:** _____
_____ **Child Support. Estimated amount to receive in 2016** \$ _____
_____ **Social Security Benefits**
_____ **Child-Care Subsidy**
_____ **Welfare Payments**
_____ **WIC**

I certify that the above information is true and accurate. In the situation that the school or Department of Education requires additional information to support my income, I will release that information.

Parent Signature _____ **Date** _____