

**2016-2017**  
**Independent - Low Income Documentation Form**

**School Name:** THE BARBER SCHOOL

**Student's Name:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_

The information reported on your 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**

\_\_\_\_ Lived with parent(s)  
\_\_\_\_ 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?** \_\_\_\_\_, the **total** paid in 2015 was \$ \_\_\_\_\_

**In 2015 - Utilities**

\_\_\_\_ Were in my parent(s) name  
\_\_\_\_ Included in my rent  
\_\_\_\_ Paid for by a friend or relative. **Was your name on any of these utility bills?** \_\_\_\_\_, **total** paid in 2015 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?** \_\_\_\_\_ 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  
\_\_\_\_ Parent provided this to me as in-kind support. Since I was living with them rent free I wasn't obligated to buy the food.  
\_\_\_\_ Friend or relative paid. **Total** paid in 2015 \$ \_\_\_\_\_

**In 2015 - Medical Expenses**

\_\_\_\_ I paid for myself  
\_\_\_\_ Medicaid  
\_\_\_\_ I did not have medical insurance  
\_\_\_\_ Covered by parent's insurance plan  
\_\_\_\_ 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  
\_\_\_\_ I did not have children  
\_\_\_\_ Child Care Subsidy  
\_\_\_\_ **Child Support Received in 2015:** \$ \_\_\_\_\_/year

**In 2015 - Clothing**

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

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**In 2016 I will receive the following income sources to support myself and dependents (check all that apply) attach additional sheet if necessary.**

\_\_\_\_ **I provide MORE THAN 50% financial support for my Dependents listed in household.**  
\_\_\_\_ **Working:** \_\_\_\_\_ **Estimated Amount of Income for 2016:** \_\_\_\_\_  
\_\_\_\_ **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.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_