

2017-2018
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 (2016). Check an answer that most closely describes your situation for the calendar year of 2016 (only). Include any additional information if needed. **PLEASE COMPLETE ALL SECTIONS OF THIS FORM.**

In 2016 - 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 2016 was \$ _____

In 2016 - 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 2016 was? \$ _____
____ I paid for myself **Did you receive assistance?** _____

In 2016 - Transportation

____ I have a vehicle. In 2016 did you have a car-loan, **in your name?** _____. Who paid this monthly car payment? _____
____ **Total** paid in 2016 for the car payments mentioned above? \$ _____
____ Other: _____

In 2016 - 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 2016 \$ _____

In 2016 - 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 2016, was \$ _____

In 2016 - 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 2016:** \$ _____/year

In 2016 - Clothing

____ I paid for myself
____ Friend or relative paid for. **Total** paid in 2016 \$ _____

In 2017 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 2017:** _____
____ **Child Support. Estimated amount to receive in 2017: \$** _____
____ **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** _____