



2015-2016 Low Income Clarification Form for Student/Spouse

Last Name	First Name	Middle Name	Student VIP ID
Email Address	Telephone Number		Date of Birth

The income reported on your Free Application for Federal Financial Aid (FAFSA) does not seem sufficient to have supported your family/self during the previous year. Please indicate how your living expenses were met during the 2014 calendar year. This form must be completed and signed.

Source of Money January 2014 - December 2014	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2014
Income from work (Gross)	\$		\$
Unemployment	\$		\$
Child Support Received	\$		\$
Disability	\$		\$
Vocational Rehabilitation	\$		\$
Social Security Benefits	\$		\$
AFDC	\$		\$
Earned Income Credit	\$		\$
Housing Allowance	\$		\$
Other:	\$		\$
		Total:	\$

If you lived with someone who supported you, and/or if you received support other than money, please explain. (Use a separate sheet if additional space is needed)

If your income was not enough to pay rent/mortgage, food, utilities and other expenses, please explain how these expenses were met. (Use a separate sheet if additional space is needed)

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student's Signature	Date	Spouse's Signature (optional)	Date
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