

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

2025-2026 Low Income Clarification Form for Student/Spouse

Last Name		First Name	Middle Name		Student VIP ID	
The ir suppo 2022 (nt's Email Address acome reported on your Fronted your family/self during calendar year. This form mu	the previous yea st be completed a	r. Please indic nd signed. Fc	ate how your living exportance of the state	penses were met du <mark>ase remove all pers</mark>	to have uring the conally
	fiable information (PII) suc mitting them. Also, please				The state of the s	nts prior
	Source of Mo January 2023 - Deco	oney	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2023	
	Income from work (Gross	5)	\$		\$	
	Unemployment		\$		\$	
	Child Support Received		\$		\$	
	Disability		\$		\$	
	Vocational Rehabilitation		\$		\$	
	Social Security Benefits		\$		\$	
	TANF		\$		\$	
	Earned Income Credit		\$		\$	
	Housing Allowance		\$		\$	-
	Other:		\$		\$	-
				Total:	\$	_
(Use a	lived with someone who su separate sheet if additiona	I space is needed)				
expen By sign	r income was not enough to ses were met. (Use a separa ning this document, I certify or misleading information of e fined, sentenced to jail, or	that all the inform	nal space is n	eeded) ed on it is true and accu	ırate. If I purposely (give
	t's Signature	 Date		Spouse's Signature (pptional)	 Date