



2016-2017 Low Income Form- Independent

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ Phone# \_\_\_\_\_

The income you reported on your 2016-2017 FAFSA appears unusually low. Therefore, additional information is needed before completing your application process. Complete the information below. If an item does not pertain to you, report \$0.00 or N/A. Do not use pencil.

*Include income and expenses for both you AND your spouse (if applicable)*

A. 2015 INCOME/BENEFITS		TOTAL	B. 2015 EXPENSES		TOTAL
Household Wages (attach W2s)		\$ _____	Mortgage/Rent		\$ _____
Self-employment income (attach 1099s)		\$ _____	House Insurance		\$ _____
Worker's Compensation (attach proof)		\$ _____	Utilities		\$ _____
Child Support (attach proof)		\$ _____	Car Payment		\$ _____
Military Benefits (attach proof)		\$ _____	Car Insurance		\$ _____
Social Security/Disability		\$ _____	Credit card payment		\$ _____
Food stamps		\$ _____	Loan Payment		\$ _____
TANF		\$ _____	Medical expenses		\$ _____
Alimony		\$ _____	Dental expenses		\$ _____
Money from family (attach letter of support)		\$ _____	Day care		\$ _____
Other Income (Type of income) _____		\$ _____	Cell Phone		\$ _____
			Food		\$ _____
<b>Total income</b>		<b>\$ _____</b>	<b>Total Expenses</b>		<b>\$ _____</b>

