**2020/2021**

**STUDENT LOW INCOME STATEMENT**

The 2018 income reported on the 2020/2021 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to have supported your household. Please itemize your income and expenses below.

**YOU MUST** provide a written explanation below detailing your living arrangements and how you met your expenses during the period of January 2018 through December 2018.

**Monthly Expenses for 2018:**

<table>
<thead>
<tr>
<th><strong>Rent/Mortgage</strong></th>
<th>$_____/month</th>
<th><strong>Wages</strong></th>
<th>$_____/month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food</strong></td>
<td>$_____/month</td>
<td><strong>TANF Benefits</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td>$_____/month</td>
<td><strong>(Temporary Assistance for Needy Families)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation:</strong></td>
<td></td>
<td><strong>Food Stamps (SNAP)</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Car Loans</td>
<td>$_____/month</td>
<td><em>(Supplemental Nutrition Assistance Program)</em></td>
<td></td>
</tr>
<tr>
<td>Car Insurance</td>
<td>$_____/month</td>
<td><strong>Housing Subsidy</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Gas/Maint</td>
<td>$_____/month</td>
<td><strong>Fuel Assistance</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Bus/Taxi</td>
<td>$_____/month</td>
<td><strong>Social Security Benefits</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td><strong>Personal</strong></td>
<td>$_____/month</td>
<td><strong>Child Support</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Child Care</td>
<td>$_____/month</td>
<td><strong>Alimony</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Medical</td>
<td>$_____/month</td>
<td><strong>Cash from Parents</strong></td>
<td>$_____/month</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$_____/month</td>
<td><strong>Cash from Others</strong></td>
<td>$_____/month</td>
</tr>
</tbody>
</table>

**Total Monthly Expenses** $__________

**Monthly Income/Resources for 2018:**

| **Transportation:**     |              | **Social Security Benefits** | $_____/month |
| **Cash from Others**    | $_____/month |||

**Total Monthly Income** $__________

**DO NOT LEAVE ANY BLANKS**

**Written explanation is required or this form will be returned to you:**

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student)___________________________________________DATE:__________________