



**WORCESTER**  
S T A T E  
**UNIVERSITY**

Financial Aid  
Phone: 508-929-8056  
Fax: 508-929-8194

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC22SLI (student)

**2022/2023**  
**STUDENT LOW INCOME STATEMENT**

The 2020 income reported on the 2022/2023 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 2020 through December 2020.

**Monthly** Expenses for 2020:

**Monthly** Income/Resources for 2020:

**\*\*\*DO NOT list your CURRENT monthly expenses and income\*\*\***

**\*\*\*List expenses and income for 2020\*\*\***

**DO NOT LEAVE ANY BLANKS**

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

**Total Monthly Expenses** \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

***\*\*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: \_\_\_\_\_