



Student Name: _____ Student ID: _____ Phone Number: _____

Unusually low income was reported on your 2017-2018 FAFSA. Students and/or parents with unusually low income must complete an itemized list of annual household income and expenses for calendar year 2015. If an item does not pertain to you, enter N/A.

Income/Resource Received from January 2015 to December 2015	Student/Spouse Annual Amount	Parent(s) if listed on 2017-2018 FAFSA Annual Amount
Income from Work, W2 Forms, 1099 Forms	\$	\$
HUD Assistance:	\$	\$
SNAP (formerly known as food stamps):	\$	\$
Social Security Income:	\$	\$
Did you receive WIC? Please circle.	YES NO	YES NO
Disability or Unemployment:	\$	\$
Child Support Received:	\$	\$
Excess financial aid in 2015-2016:	\$	\$
Other (babysitting, odd jobs, family, etc):	\$	\$
Other (Please specify):	\$	\$
Other (Please specify):	\$	\$
TOTAL INCOME FOR 2015:	\$	\$

Expenses for January 2015 to December 2015	Student/Spouse Annual Expense	Parent(s) Annual Expense
Housing Status: () Rent or () Own	\$	\$
Food:	\$	\$
Utilities (phone, gas, water, cable, electric):	\$	\$
Medical/Prescriptions/Dental:	\$	\$
Clothing:	\$	\$
Childcare:	\$	\$
Car Payments/Gas/Auto Insurance	\$	\$
Other Transportation (Bus/Cab):	\$	\$
Other (Please specify):	\$	\$
Other (Please specify):	\$	\$
TOTAL EXPENSES FOR 2015:	\$	\$

If any amounts are \$0, please explain:

Student Signature _____ Date _____

Parent Signature _____ Date _____