

ARKANSAS STATE UNIVERSITY ID-SOUTH

2020-2021 Low Income Itemized Worksheet

Office of Financial Aid | 2000 West Broadway | West Memphis, AR 72301 | 870.733.6729 | Fax 870.733.6719 | FinAid@asumidsouth.edu

Student Name: ______Student ID: ______Phone Number: _____

Unusually low income was reported on your 2020-2021 FAFSA. Students and/or parents with unusually low income must complete an itemized list of annual household income and expenses for calendar year 2018. If an item does not pertain to you, enter N/A.

| Income/Resource Received from January 2018 to December 2018 | Student/Spouse Annual Amount | Parent(s) if listed on 2020-2021 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: | \$ | \$ |
| Other (babysitting, odd jobs, family, etc): | \$ | \$ |
| Other (Please specify): | \$ | \$ |
| Other (Please specify): | \$ | \$ |
| TOTAL INCOME FOR 2018: | \$ | \$ |

| Expenses for January 2018 to December 2018 | 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 2018: | \$ | \$ |

If any amounts are \$0, please explain:

Student Signature_____

Date_____

Parent Signature