Low Income Questionnaire  2019-2020

_______ Dependent Student (Student & Parent data reported on FAFSA)
_______ Independent Student (Parent data not reported on FAFSA)

You reported an unusually low amount of household income on your 2019-2020 Student Aid Report. In order to document how the household was maintained on this amount of income, please complete this form and return it to our office. PLEASE DO NOT LEAVE ANY FIELDS BLANK. Please note that your aid will not credit and/or will be cancelled if this form is not returned.

**Please be SPECIFIC and report information for CALENDAR YEAR 2017, not the current year**

1. What was the monthly cost of housing? ________ From what income source was this paid?
   
   If your household did not have this expense, explain ________________________________
   
   Independent Students: Is your name on the lease or mortgage? ______ What was the monthly lease or mortgage payment amount? ________________________________

2. What was the monthly cost of utilities? ________ From what income source was this paid?
   
   If your household did not have this expense, explain ________________________________
   
   Independent Students: Are any utilities in your name? ______ What was your monthly payment? ________________________________

3. What was the monthly cost of food? ________ From what income source was this paid?
   
   If your household did not have this expense, explain ________________________________

4. What was the monthly cost of car payments, transportation costs, and/or car insurance? ______
   From what income source was this paid? ________________________________
   
   If your household did not have this expense, explain ________________________________

5. What was the monthly cost of clothing, personal needs, and misc.? ________________________________
   From what income source was this paid? ________________________________

6. What was the monthly cost of medical expenses and/or health insurance? ________________________________
   From what income source was this paid? ________________________________

7. List any cash support you (student) received or money that was paid on your behalf during 2017 and the source of that income:
   $ __________ From: ________________________________
   $ __________ From: ________________________________

__________________________   SSN   _____________________________
Student’s Signature          Date

__________________________   _____________________________
Parent’s Signature           Date