



# 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\*\***

- 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? \_\_\_\_\_
- 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? \_\_\_\_\_
- What was the monthly cost of food? \_\_\_\_\_ From what income source was this paid?  
\_\_\_\_\_  
If your household did not have this expense, explain \_\_\_\_\_  
\_\_\_\_\_
- 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 \_\_\_\_\_
- What was the monthly cost of clothing, personal needs, and misc.? \_\_\_\_\_  
From what income source was this paid? \_\_\_\_\_
- What was the monthly cost of medical expenses and/or health insurance? \_\_\_\_\_  
From what income source was this paid? \_\_\_\_\_
- 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: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date