Low Income Questionnaire  2020-2021

_______  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 2020-2021 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 2018, 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 2018 and the source of that income:

$ __________  From:________________________  
$ __________  From:________________________

_________________________________________  SSN  ____________________
Student’s Signature  Date

_________________________________________  Date
Parent’s Signature