

**LOW INCOME STATEMENT FORM**
**Student's full name:** \_\_\_\_\_ **Last 4 digits of SS#:** \_\_\_\_\_ **CWC ID #:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

When reviewing your 2023-2024 FAFSA application and or verification documents, it was noted that you (or your parents if you are a 'dependent' student for FAFSA purposes) reported an unusually low 2021 income. Please complete **both sides** of this form and return it to the Financial Aid Office within 30 days. This information is required prior to the processing of your financial aid. If you have any questions regarding the completion of this form, please feel free to contact our office. Thank you for your cooperation and prompt response.

Please complete ALL questions below in regards to 2021 PAID expenses (indicate the approximate <b>annual / yearly</b> amounts (for a full 12 months' worth of expenses). If you had circumstances in which your costs changed, please indicate the amounts and what period of time that amount was paid. If expenses were PAID ON YOUR BEHALF by another party, you MUST put in the dollar amount that was paid on your behalf and list the name of person who paid the expense for 2021:		
<b>TYPICAL ANNUAL HOUSEHOLD EXPENSES</b>	<b>STUDENT 2021 EXPENSES</b> Who paid these expenses (fill in all items below):	<b>PARENT 2021 EXPENSES</b> Who paid these expenses (fill in all items below):
Housing (mortgage, rent, etc.)	\$ Paid by:	\$ Paid by:
Utilities (water, sewer, electric, gas, etc.)	\$ Paid by:	\$ Paid by:
Food / Groceries	\$ Paid by:	\$ Paid by:
Daycare for children 12 & under	\$ Paid by:	\$ Paid by:
Health Insurance (Personal or Medicaid)	\$ Paid by:	\$ Paid by:
Car payment	\$ Paid by:	\$ Paid by:
Car Insurance	\$ Paid by:	\$ Paid by:
Phone bill (cell or landline)	\$ Paid by:	\$ Paid by:
Recreation, clothing, etc.	\$ Paid by:	\$ Paid by:
	\$ Paid by:	\$ Paid by:
	\$ Paid by:	\$ Paid by:
<b>TOTAL OF ALL 2021 EXPENSES:</b>	\$	

**Be sure all boxes above have a value listed above (if \$0 or No Applicable – put N/A) - do not leave blank). Incomplete forms will be returned and delay your aid – continued on page 2**

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<b>STUDENT / PARENT – 2021 INCOME SOURCES – list annual / yearly (12months) of data below:</b>		
	Student 2021 <u>ANNUAL</u> Information	Parent 2021 <u>ANNUAL</u> Information
2021 Income Earned from work (submit W-2 forms) or if worked under the table – list amount earned for the year	\$	\$
2021 Child Support Received (annual / yearly amount)	\$	\$
2021 Tribal (per cap) benefits received – list annual /yearly amount	\$	\$
2021 Other Income (SSI, SS, Disability, Unemployment, etc.)	\$	\$
2021 Housing Assistance (list agency name)	\$ Agency:	\$ Agency:
2021 Fuel Assistance (list agency name)	\$ Agency:	\$ Agency:
2021 SNAP (Supplemental Nutrition Assistance Program)	Circle one: YES or NO	Circle one: YES or NO
2021 Medical Assistance (list agency name)	Circle one: YES or NO Agency:	Circle one: YES or NO Agency:
2021 TANF (Temporary Assistance for Needy Families)	\$ Agency:	\$ Agency:
2021 Daycare Assistance (list agency name)	\$ Agency:	\$ Agency:
2021 Free or Reduced Price School Lunch Meals	Circle one: YES or NO	Circle one: YES or NO
2021 WIC (Special Supplemental Nutrition Program for Women, Infants and Children)	Circle one: YES or NO	Circle one: YES or NO
If low income is due to incarceration – dates of incarceration:		

**Additional Low Income Statement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Be sure all boxes above have a value listed above (if \$0 or No Applicable – put N/A) - do not leave blank). Incomplete forms will be returned and delay your aid.**

**CERTIFICATIONS & SIGNATURES**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
 Print Student's Name Student's ID Number

\_\_\_\_\_  
 Student's Signature (Required) Date

\_\_\_\_\_  
 Parent's Signature (If Dependent Student - Required) Date

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**