

LOW INCOME STATEMENT

Student's full name: _____ Last 4 digits of SS#: _____ CWC ID #: _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

When reviewing your 2024-2025 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 2022 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 2022 PAID expenses (indicate the approximate **annual / yearly** 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 2022:

TYPICAL ANNUAL HOUSEHOLD EXPENSES	STUDENT 2022 EXPENSES Who paid these expenses (fill in all items below):	PARENT 2022 EXPENSES 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:
TOTAL OF ALL 2022 EXPENSES:	\$	

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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STUDENT / PARENT – 2022 INCOME SOURCES – list annual / yearly (12 months) of data below:		
	Student 2022 <u>ANNUAL</u> Information	Parent 2022 <u>ANNUAL</u> Information
2022 Income Earned from work (submit W-2 forms) or if worked under the table – list amount earned for the year	\$	\$
2022 Child Support Received (annual / yearly amount)	\$	\$
2022 Tribal (per cap) benefits received – list annual /yearly amount	\$	\$
2022 Other Income (SSI, SS, Disability, Unemployment, etc.	\$	\$
2022 Housing Assistance	\$	\$
2022 Fuel Assistance	\$	\$
2022 SNAP (Supplemental Nutrition Assistance Program)	Circle one: YES or NO	Circle one: YES or NO
2022 Medical Assistance	Circle one: YES or NO	Circle one: YES or NO
2022 TANF (Temporary Assistance for Needy Families)	\$	\$
2022 Daycare Assistance	\$	\$
2022 Free or Reduced Price School Lunch Meals	Circle one: YES or NO	Circle one: YES or NO
2022 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.