

LOW INCOME STATEMENT

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

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

Your 2026-2027 FAFSA application and or verification documents show \$0 or a very low income. Please complete the following questions and submit to the CWC Financial Aid Office so we know how you paid for your living expenses in 2024 with a \$0 or low income that was reported on the FAFSA.

1) How did you pay for your living expenses in 2024 (rent, utilities, food, daycare, health insurance, car payment, car insurance, phone bill, clothing, etc.)? _____

2) At any time during 2024 or 2025, did anyone in the student's household receive benefits from any of the following federal programs? **Select all that apply.**

<input type="checkbox"/> Earned Income Credit (EIC)	<input type="checkbox"/> Federal housing assistance
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Free or reduced-priced school lunch
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Special Supp Nutrition Programs for Women, Infants, Children (WIC)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Refundable credit for coverage under a qualified health plan (QHP)	

3) What were your earning from working in 2024 (submit W-2 forms)? _____

4) Who paid for your rent / mortgage in 2024? _____

5) Who paid for your utilities (water, sewer, electric, gas, garbage, etc.) in 2024? _____

6) Who paid for your food / groceries in 2024? _____

7) Did you have daycare expenses in 2024? [] NO [] YES - who paid for these expenses? _____

8) Did you have health insurance? [] NO [] YES - who paid for your health insurance? _____

9) Did you have a car payment? [] NO [] YES - who paid for your car payment? _____

10) Did you have a car insurance? [] NO [] YES - who paid for your car insurance? _____

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11) Did you receive child support in the last completed tax year for any children in your household?

[] NO [] YES – what was the total amount received for all children in your household? _____

12) Did you receive Tribal Per Capita funds in 2024? [] NO [] YES – how much did you receive for 2024 for all household members? _____

13) Did you receive 'Other Income' such as Social Security Disability, and Unemployment benefit for 2024?

[] NO [] YES – how much did you received in 2024? _____

14) Did you receive any assistance (such as daycare assistance, LEAP, fuel assistance, etc.) in 2024?

[] NO [] YES – list the type of benefit and how much you received in 2024? _____

15) If you reported \$0 due to being incarcerated in 2024 – what were the dates you were incarcerated: _____

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 Signature (Required)

Date

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