

PARENT LOW INCOME STATEMENT

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

Parent's full name: _____ Parent last 4 digits of SS#: _____

Your 2026-2027 FAFSA application and or verification documents show a very low income for your parent. **Please have your parent complete the information below to verify how they met living expenses with their low income for 2024.**

1) How did the parent(s) pay for living expenses in 2024 (rent, utilities, food, daycare, health insurance, car payment, car insurance, phone bill, clothing, etc.) with the low income reported on the student's 2026-2027 FAFSA?

2) At any time during 2024 or 2025, did anyone in the parent'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 the parent's 2024 income from working (submit W-2 forms)? _____

4) Who paid parent's rent / mortgage in 2024? _____

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

6) Who paid for parent's food / groceries in 2024? _____

7) Did Parent have daycare expenses in 2024? ☐ NO ☐ YES - who paid for these expenses? _____

8) Did Parent have health insurance? ☐ NO ☐ YES - who paid for the health insurance? _____

9) Did Parent have a car payment? ☐ NO ☐ YES - who paid for the car payment? _____

10) Did Parent have a car insurance? ☐ NO ☐ YES - who paid for the car insurance? _____

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11) Did Parent receive child support in the last completed tax year for any children in their household?
[] NO [] YES – what was the total amount received for all children in their household? _____

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

13) Did Parent receive 'Other Income' such as SS Disability, and Unemployment benefit for 2024?
[] NO [] YES – what the source and how much did Parent receive in 2024? _____

14) Did Parent receive any assistance (such as daycare assistance, LEAP, fuel assistance, etc.) in 2024?
[] NO [] YES – list the type of benefit and how much they receive in 2024? _____

15) If Parent reported \$0 due to being incarcerated in 2024 – what were the dates parent was incarcerated?

CERTIFICATIONS & SIGNATURES

The Parent signing below certifies that all of the information reported on both sides of this form is true, correct and complete.

Print Parent's Name_____
Parent's Signature (Required)_____
Date

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