



Low Income Statement
2019-2020 PARENT

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_ SID: \_\_\_\_\_

Parent Name: \_\_\_\_\_

You reported very little income on your 2019-2020 FAFSA. Please give us a brief summary of how you met your living expenses in 2017.

Table with 6 columns: EXPENSES for 2017 (Cost per Mo., Number Mos.), RESOURCES for 2017 (Amt. Per Mo., Number Mos.). Rows include Rent, Food, Utilities, Clothing, Medical/Dental, Car Payments, Gas, oil, Maintenance, Bus Fare, Other Expenses, and TOTAL EXPENSES. Resource rows include Wages, Gifts from parents, Interest/Dividend, Welfare/TANF/Food Stamps, Social Security, VA Benefits, Disability, Unemployment, and Other.

If you show NO income, how did you meet your living expenses?

\_\_\_\_\_

What were your resources for 2018? \_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_