

### 2014-2015 LOW BASE YEAR INCOME STATEMENT

Student Name	Student ID #A

Based on the information you provided on your 2014-2015 FAFSA, the Department of Education has determined your income to be unusually low, therefore, you have been selected for verification and <u>MUST complete this form in its entirety</u> (all three sections). This worksheet should show how you were able to support yourself and/or your family for 2013. In all cases, your total family income should equal or exceed the total family expenses.

- > You MUST complete all three sections of this form.
- You MUST attach supporting documentation (if applicable).
- If you are a dependent student, your parent MUST complete parental information.

# If this form is NOT completely filled out and supporting documentation NOT attached, where applicable, it will be returned to you for completion.

### Section A – Family income

- ➤ Please list all income received in 2013.
- ➤ Be sure to list **MONTHLY** amounts.
  - o All sources will be calculated annually (12 months) unless otherwise indicated.
- ➤ All boxes MUST be complete even if zero.
- ➤ If the <u>column</u> does not apply to you, please put N/A.

You must provide documentation of any support received from outside agencies (i.e. Social Security, Social Services, bank, etc.)

	G. 1	<b>G</b>		Mother /			Father /			
	Student		Spouse (if married)		Stepmother (if dependent)		Stepfather (if dependent)			
Earnings from all jobs			(ii married)		(ii dependent)		(ii dependent)			
(provide copies of W-2's/1099)	\$		\$		\$		\$			
Unemployment Compensation (provide documentation)	\$		\$		\$		\$			
Withdrawals from savings accounts, retirement plans, trust funds, etc.	\$		\$		\$		\$			
Social Security or disability benefits (provide documentation)	\$		\$		\$		\$			
Workers' Compensation (provide documentation)	\$		\$		\$		\$			
Child support received (provide documentation)	\$		\$		\$		\$			
Alimony received (provide documentation)	\$		\$		\$		\$			
Cash received from other sources (e.g. family, friends, roommate etc.)	\$		\$		\$		\$			
Public Assistance AFDC, ADC, TANF and SNAP (provide documentation)	\$		\$		\$		\$			
Bills paid by someone else on your behalf (e.g. family, friends, roommate)	\$		\$		\$		\$			
Cash support received from other sources. (e.g. family, friends, roommate)	\$		\$		\$		\$			
In-kind support (includes: food, shelter, clothing, non-cash gifts, and/or low-income housing etc)	\$		\$		\$		\$			
Other Income	\$		\$		\$		\$			
									Tota	
Total Income	e: \$	+	\$	+	\$	+	\$		\$	

<u>List types of In-kind support and/or Other Income:</u>





### **Section B – Family Expenses**

- Please list all expenses incurred in 2013.
- ➤ Be sure to list **MONTHLY** amounts.
  - o All sources will be calculated annually (12 months) unless otherwise indicated.
- All boxes MUST be complete even if zero.
- If the <u>column</u> does not apply to you, please put N/A.

	Student	Spouse	Mother / Stepmother	Father / Stepfather	
		(if married)	(if dependent)	(if dependent)	
Housing	\$	\$	\$	\$	
Food	\$	\$	\$	\$	
Car payment and/or insurance	\$	\$	\$	\$	
Transportation (gas, parking, maintenance)	\$	\$	\$	\$	
Telephone, utilities, cable	\$	\$	\$	\$	
Entertainment	\$	\$	\$	\$	
Clothing	\$	\$	\$	\$	
Credit card payments	\$	\$	\$	\$	
Child support/alimony/palimony paid	\$	\$	\$	\$	
Daycare	\$	\$	\$	\$	
Other Expense:	\$	\$	\$	\$	
					Total Family I
Total Expens	ses: \$	+ \$	+ \$	- <b>\$</b>	= \$

List types of Other Expenses:		
*		

## Section C – Signature and Certification

As certified by the signatures below, all the information provided by others or myself is true and complete to the best of my (our) knowledge. I understand that the Office of Financial Aid may request additional documentation to verify the above information.

Note: If you are a dependent student, you and your parent(s) must sign this form; if you are married, you and your spouse must sign this form. Make sure everything is legible and in blue or black ink.

Student	Date
Spouse	Date
Parent	Date



LIS 3/2014