

2019-2020 Low Income Statement

An exceptionally low level of household income for 2017 has been indicated on your 2019-2020 Free Application for Federal Student Aid (FAFSA). In order to complete the determination of your student aid eligibility, you must provide additional information regarding the 2017 household expenses and income for you, your spouse (if married) and your parent(s) (if you are a dependent student). Please complete this form and return it to the Student Financial Services Office.

If more space is needed, attach a separate page with the student's name and SAIC ID number at the top.

A. Student Information

Student Name SAIC ID Number

Phone Number Email

B. 2017 Actual Living Expenses

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Student/Spouse	Parent(s)
	Per Year	Per Year
Rent/Mortgage	\$	\$
Utilities (Gas, electric, water)	\$	\$
Food (Do not include Food Stamps)	\$	\$
Transportation	\$	\$
Other (Specify)	\$	\$
Total Expenses for 2017	\$	\$

B. 2017 Income and Resources

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Student/Spouse	Parent(s)
	Income earned from work (wages, salaries, tips, etc.) <i>Non Tax Filers - Provide proof of income such as W-2's, 1099's, etc.</i>	\$
Other Income – Specify:	\$	\$
Child Support Received for all Children	\$	\$
Alimony or Separate Maintenance	\$	\$
Welfare and General Assistance Benefits	\$	\$
Supplemental Security Income (SSI)	\$	\$
Social Security Benefits	\$	\$
Veterans Benefits – Specify Type:	\$	\$
Unemployment Compensation	\$	\$
Disability Benefits other than Social Security	\$	\$
Pensions or Retirements Benefits	\$	\$

(Continued on next page)

Student Name	SAIC ID Number

B. 2017 Income and Resources (continued)

<i>For any amount that does not apply, please list "0" (zero). Do not leave spaces blank.</i>	Student/Spouse	Parent(s)
Housing, Food or Other Living Allowances for Military, Clergy, etc.	\$	\$
Workers' Compensation	\$	\$
Financial Aid <u>refund</u> Received in 2017	\$	\$
Estimated cash received or monies paid on your behalf in 2017 that helped support your living expenses. Please check if funds were a:	<input type="checkbox"/> Loan:	\$
	<input type="checkbox"/> Gift:	\$
	<input type="checkbox"/> Cash Support:	\$
Total 2017 Income and Resources	\$	\$

C. Explanation of Resource Sufficiency

In the space below, please explain how you and/or your family met basic living expenses using only the resources listed above. Please be very detailed and specific in your explanation.

D. Certification and Signatures

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge.

Note: Electronic/Typed signatures are not acceptable.

Student Signature	Date
-------------------	------

Parent Signature (Dependent Students Only)	Date
--	------