

**2015-2016 LOW/ZERO INCOME STATEMENT - DEPENDENT**

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

To consider this form completed, *all sections* of this form must be completed either electronically or with blue or black ink and it must be legible. Incomplete or illegible forms will not be processed.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Section A: Student's Living Situation**

*In 2014, I was:*

- |  |                   |
|--|-------------------|
| Living with my parent(s).                | Homeless.         |
| Living with family other than parent(s). | Incarcerated.     |
| Living with friends.                     | Living on my own. |

**Section B: Untaxed Benefits (to be completed by parent)**

*In 2014, myself or someone in my household received:*

- |                                     |   |
|-------------------------------------|---|
| Supplemental Security Income (SSI)  | Temporary Assistance for Needy Families (TANF)                                |
| Social Security Disability Income   | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| Social Security Survivor's Benefits | Free or Reduced School Lunch  |
| Social Security Retirement Income   |   |

**Section C: Living Expenses (to be completed by parent)**

Reporting a "zero or low income" on your FAFSA indicates to the Federal Government that somebody likely helped you and/or your family to maintain every day essentials, such as food and housing; thus, we need to identify who this resource was and approximate how much help they attributed to your financial situation.

Please fill in the following information. **In kind support** means that you used someone else's resources as a means of living—i.e. you lived at your grandmother's house and used her utilities. **Money received or paid on your behalf** means that you had bills in your name but someone else either gave you the money to pay those bills or someone else paid them on your behalf. **Resource** is the person or agency who provided "in kind support" to you, or who gave you money to pay a bill or who paid a bill on your behalf. If the resource is a person, be sure to identify their relationship to you.

Expenses	Annual 2014 Amount	In Kind Support? (Yes or No)		Resource <i>(Name/Relationship, if applicable)</i>
<b>Housing</b>	\$	Y	N	
<b>Food</b>	\$	Y	N	
<b>Transportation</b>	\$	Y	N	
<b>Health Care</b>	\$	Y	N	
<b>Child Care</b>	\$	Y	N	
<b>Other Expenses</b> <i>(i.e.: Utilities, insurance, etc.)</i>	\$	Y	N	

**PLEASE CONTINUE TO THE NEXT PAGE.**

**Section D: Child Support Received (to be completed by parent)**

Please list the *actual amount* of any child support received in 2014 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court ordered but not actually paid.

<b>Name of Payee</b> <i>(Person receiving child support)</i>	<b>Name of Child</b> <i>(For whom support was received)</i>	<b>2014 Annual Amount Received</b>
		\$
		\$
		\$
		\$
		\$

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

**Section E: Other Untaxed Income (to be completed by parent)**

Please list the amount of other untaxed income not reported and not included elsewhere on this form. Include untaxed income such as Workers Compensation, Disability, Black Lung Benefits, untaxed portions of a Health Savings Account from IRS form 1040 line 25, Railroad Retirement Benefits, etc. Do not include any items reported or included in sections B or D above. Additionally, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Workforce Investment Act (WIA), educational benefits, combat pay, benefits from a flexible spending arrangement (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

<b>Name of Recipient</b>	<b>Type of Other Untaxed Income</b>	<b>Amount of Other Untaxed Income in 2014</b>
		\$
		\$
		\$

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

**Section F: Acknowledgment and Signature**

By signing this form, you are certifying that all information reported is complete and accurate. You understand that failure to provide complete and accurate information can delay your financial aid, and that providing false or misleading information can lead to consequences including but not limited to fines and/or imprisonment.

**Student Signature:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Last 4 SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_