Low Income Questionnaire-Student 2015 - 2016

Student Name ___________________________________________ Student PID (Pxxxxxxxxxx) ____________________________

Student Signature _____________________________________ Date ____________________________

Parent Signature (if applicable) ___________________________ Date ____________________________

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) indicated a household being supported with minimal resources. Additional information is needed to document how your family meets its monthly obligations. Please answer the following questions regarding monthly expenses and income in 2014. Further processing of your aid application will not occur until we receive the information requested below.

2014 Expenses:

Rent/mortgage per month? $ _________________________
Utility bills per monthug per month
(include heat, electric, water, etc.) $ _________________________
Family’s groceries cost per month? $ _________________________
Childcare costs per month? $ _________________________
    (if applicable)
Vehicle costs per month? $ _________________________
    (include payments, gasoline, repairs, etc.)
Other monthly expenses? $ _________________________

2014 Income:

Please list your and/or significant other’s sources of income for 2014, number of months it was received, and amount received monthly. Include earnings from work, assistance from Human Services agencies (such as TANF, food stamps, HUD, HEAP, etc.), and other non-taxed income or benefits (such as SSI, Social Security, child support, etc.). Also include amounts paid on your parent’s behalf by someone else.

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<tr>
<th>Source of Income for 2014</th>
<th>Number of Months</th>
<th>Monthly Amount</th>
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If yours and/or your spouse’s 2014 income did not meet expenses, please explain how those expenses were met.

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