

**Low Income Statement
2018-2019 PARENT**

Student Name: _____ SSN: _____ SID: _____

Parent Name: _____

You reported very little income on your 2018-2019 FAFSA. Please give us a brief summary of how you met your living expenses in 2016.

| EXPENSES for 2016 | | | RESOURCES for 2016 | | |
|-----------------------|--------------|-------------|--|--------------|-------------|
| | Cost per Mo. | Number Mos. | | Amt. Per Mo. | Number Mos. |
| Rent | \$ | | Wages | \$ | |
| Food | \$ | | Gifts from parents, relatives or friends | \$ | |
| Utilities | \$ | | Interest/Dividend | \$ | |
| Clothing | \$ | | Welfare/TANF/Food Stamps | \$ | |
| Medical/Dental | \$ | | Social Security | \$ | |
| Car Payments | \$ | | VA Benefits | \$ | |
| Gas, oil, Maintenance | \$ | | Disability | \$ | |
| Bus Fare | \$ | | Unemployment | \$ | |
| Other Expenses | \$ | | Other | \$ | |
| TOTAL EXPENSES | \$ | | TOTAL RESOURCES | | |

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

What were your resources for 2017? _____

Parent's Signature

Date

