

**Low Income Statement  
2018-2019 STUDENT**

**Student Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **SID:** \_\_\_\_\_

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		
Expenses	Cost per Mo.	Number Mos.	Resources	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	\$	
<b>TOTAL EXPENSES</b>	\$		<b>TOTAL RESOURCES</b>		

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

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**What were your resources for 2017?**

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**Student Signature**

**Date**

*If someone else paid your expenses, you may be required to obtain a signed statement from the person who provided your support.*

