

Snead State Community College 2016-2017 Low Income Statement

Name: _____ SSN: _____

The income you reported on your FAFSA application appears to be unusually low. Please fill out the income worksheet below. When completed, this worksheet should show how you were able to support yourself and/or your family for 2015. If not complete, this form will be returned to you causing further delays in your verification process.

Nontax filers must submit a copy of their wage and tax statement for each source of employment income for 2015 and this signed form identifying all income and taxes for 2015.

Please list total of all income received from January 1, 2015 – December 31, 2015 (not monthly):

	Student	Spouse/Parent(s)
Earnings from all jobs	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Withdrawals from savings accounts, retirement	\$ _____	\$ _____
Sale of property, stocks, bonds, etc.	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Welfare (TANF), AFDC	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Cash received from family/friends (explain below)	\$ _____	\$ _____
Benefits paid on your behalf (explain below)	\$ _____	\$ _____
Other: (explain below)	\$ _____	\$ _____

Benefits paid on your behalf: (Examples of support include bills, gasoline, clothing, transportation, etc.)
Be specific and list yearly amounts, not monthly.

_____ \$ _____

_____ \$ _____

_____ \$ _____

How were you able to meet your housing, food, clothing, transportation and other expenses?

I did not file a tax return for the 2015 tax year .

I certify, under the penalty of perjury, that the information provided is true and correct to the best of my knowledge. I understand that the Financial Aid Office may request additional documentation to verify the above information. Note: If you are married, both you and your spouse must sign below.

Signed: _____ Date: _____
Student

Signed: _____ Date: _____
Parent/Spouse