

**LOW INCOME FORM
DEPENDENT**

Student's Name: _____

UCF ID: _____

Parent's Name(s): _____

Date: _____

Dear Student:

The income you reported for yourself and your parent(s) on the 2020-2021 FAFSA appears insufficient to support the number of people in the household. Please complete this form to clarify how you and your parent(s) were able to live and support your household during the year 2018. **Use and attach a second sheet of paper if necessary.**

2018 Total Income:		Annual Student Income	Annual Parent Income
Income from employment			
Unemployment Benefits			
Child Support Received			
Social Security Benefits			
Educational VA Benefits			
Non-educational VA Benefits			
Financial Aid (Grants, Scholarships, Loans, etc.)			
Money spent from savings			
Personal loans or credit card charges			
Other			
Food Assistance	Yes- <input type="radio"/> No- <input type="radio"/>	XXXXXXXXXX	XXXXXXXXXX
Housing Assistance	Yes- <input type="radio"/> No- <input type="radio"/>	XXXXXXXXXX	XXXXXXXXXX
Cash support for expenses* paid by others.			
<small>*Expenses include but are not limited to mobile phone, auto & health insurance, recreation, meals, personal bills, etc.</small>		TOTAL	
		\$	\$

2018 Total Expenses:		Annual Student Expenses	Annual Parent Expenses
Housing		\$	\$
Utilities		\$	\$
Food		\$	\$
Clothing		\$	\$
Transportation (car, insurance, gas, etc.)		\$	\$
Medical		\$	\$
Personal		\$	\$
		TOTAL	
		\$	\$

1) If the total expenses are more than the total 2018 income, please explain how the living expenses were paid:

2) If the living expenses equal "0", you must explain how you lived with no expenses:

3) Please explain briefly how your family is currently meeting its financial obligations:

Student's Signature_____
Date_____
Parent's Signature_____
Date

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