LOW INCOME FORM
DEPENDENT

UCF | Student Financial Assistance
UNIVERSITY OF CENTRAL FLORIDA

2022-2023 ACADEMIC YEAR

Student's Name: _____ UCF ID: _____

Parent's Name(s): _____ Date: _____

Dear Student:

The income you reported for yourself and your parent(s) on the 2022-2023 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 2020. **Use and attach a second sheet of paper if necessary.**

2020 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-❍ No-❍	XXXXXXXXXX	XXXXXXXXXX
Housing Assistance Yes-❍ No-❍	XXXXXXXXXX	XXXXXXXXXX
Cash support for expenses* paid by others.		
*Expenses include but are not limited to mobile phone, auto & health insurance, recreation, meals, personal bills, etc. TOTAL	$	$

2020 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 2020 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***

Submit complete forms at finaid.ucf.edu/upload. Route this form to Verification/ Taxes