



LOW INCOME FORM

INDEPENDENT

Student's Name: \_\_\_\_\_ UCF ID: \_\_\_\_\_
Spouse's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Student:

The income you reported on your 2019-2020 FAFSA appears insufficient to support the number of people in the household. Please complete this form to clarify how you were able to live and support your household during the year 2017. Use and attach a second sheet of paper if necessary.

Table with 3 columns: 2017 Total Income:, Annual Student Income, Annual Spouse Income. Rows include 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, Housing Assistance, Cash support for expenses\* paid by parents, grandparents or others, and a TOTAL row.

Table with 3 columns: 2017 Total Expenses:, Annual Expenses, Who Pays for/Provides. Rows include Housing: Living with parents, Utilities, Food, Clothing, Transportation (car, insurance, gas, etc.), Medical, Personal, and a TOTAL row.

1) If the total expenses are more than the total 2017 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

Spouse's Signature

Date