



LOW INCOME FORM

INDEPENDENT

Student's Name: _____	UCF ID: _____
Spouse's Name: _____	Date: _____

Dear Student:

The income you reported on your 2020-2021 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 2018. **Use and attach a second sheet of paper if necessary.**

2018 Total Income:	Annual Student Income	Annual Spouse 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"/>	XXXXXXXXXXXXX	XXXXXXXXXXXXX
Housing Assistance Yes- <input type="radio"/> No- <input type="radio"/>	XXXXXXXXXXXXX	XXXXXXXXXXXXX
Cash support for expenses* paid by parents, grandparents or 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 Expenses	Who Pays for/Provides
Housing: Living with parents Yes- <input type="radio"/> No- <input type="radio"/>	\$	
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:

_____ <i>Student's Signature</i>	_____ <i>Date</i>	_____ <i>Spouse's Signature</i>	_____ <i>Date</i>
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