

LOW INCOME FORM

INDEPENDENT

2022-2023 ACADEMIC YEAR

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

Dear Student:

The income you reported on your 2022-2023 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 2020. **Use and attach a second sheet of paper if necessary.**

| 2020 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"/> | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| Housing Assistance Yes- <input type="radio"/> No- <input type="radio"/> | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| Cash support for expenses* paid by parents, grandparents or others | | |
| *Expenses include but are not limited to mobile phone, auto & health insurance, recreation, meals, personal bills, etc. | | |
| TOTAL | \$ | \$ |

| 2020 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 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 _____

Spouse's Signature _____ Date _____