

Parent's Signature (required if student is dependent)

2016-2017 Low Income Statement

OFFICE USE ONLY
Collection date:
In-person (initial):
Fax/Email (initial):
Mail (initial):

Dependent Student	Independent Student
1. Did anyone in your household receive public assistance, Social Security, SNAP, Section 8 or other types of untaxed benefits in 2014 or 2015? No Yes— Type of benefits: Monthly Amount:	1. Did anyone in your household receive public assistance, Social Security, SNAP, Section 8 or other types of untaxed benefits in 2014 or 2015? No Yes— Type of benefits: Monthly Amount:
# of Months Received:	# of Months Received: 2. Did you (or your spouse) receive funds from child support or other untaxed income in 2015? No Yes—Type of Untaxed Income: Total \$ amount in 2015: \$
3. Did you or your parents live with a relative or someone else who provided free room and board in 2015? No Yes—Name:	3. Did you (or your spouse) live with a relative or someone else who provided free room and board in 2015? No Yes—Name: Relationship:
4. Did you or your parents live in another country (not the U.S.) in 2015? No Yes—Name of Country: Arrival Date (MM/YYYY) to U.S	4. Did you (or your spouse) live in another country (not the U.S.) in 2015? □No □Yes—Name of Country:
5. Did you or your parents have income in their country of origin (not the U.S.) in 2015? No Yes—Total amount in U.S. dollars:\$	5. Did you (or your spouse) have income in their country of origin (not the U.S.) in 2015? No Yes—Total amount in U.S. dollars:\$
6. Did someone else pay your or your parents' personal expenses in 2015? No Yes—Name:	6. Did someone else pay your (or your spouse's) personal expenses in 2015? No Yes—Name: Relationship: Total \$ amount in 2015:
dditional Comments:	

Date