



S \_\_\_\_\_

Student ID Number

**2019-20 Low Income Statement - Dependent Student**

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent(s) Name listed on FAFSA: \_\_\_\_\_

*Entire form must be completed in black or blue ink.*

**Instructions:** In reviewing your application for financial aid we have identified some information that needs clarification. The income reported on your financial aid application is below the federal estimate of your annual cost of living. **In the fields below, please itemize the sources of income and expenses for student (& spouse) for the calendar year 2017.**

**Do not leave line items blank. If item is not applicable please write 0.**

2017 RESOURCES (per YEAR)			2017 EXPENSES (per YEAR)		
	Parent	Student		Parent	Student
Earnings from Work	\$	\$	Mortgage/Rent/Section 8	\$	\$
Unemployment	\$	\$	Utilities	\$	\$
Social Security	\$	\$	Food	\$	\$
Pension/Retirement	\$	\$	Phone/Cell	\$	\$
TANF/SNAP(Formerly known as food stamps)/WIC	\$	\$	Car Payment Gas / Insurance	\$	\$
VA Benefits	\$	\$	Personal	\$	\$
FA Refunds	\$	\$	Medical	\$	\$
Other Resources: Disability, Child Support, other	\$	\$	Other: Such as cable, child care, credit card, other	\$	\$
<b>Total <u>YEARLY</u> Resources:</b>	\$	\$	<b>Total <u>YEARLY</u> Expenses:</b>	\$	\$

**Please write a short explanation of how your parents (& student) covered all the living, food and housing costs in 2017** (e.g. divorced mom doesn't pay any rent/utilities because both mom and student lived with the mom's sister). Use the back of this form if necessary.

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**Note:** Additional required documentation may be requested by the Financial Aid Office.

**By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_