LIM COLLEGE

Office of Student Financial Services
216 E 45th St, New York, NY 10017
Phone: 212-310-0689
Fax: 212- 750-3452

2026-2027 Low Income Form

An unusually low income was reported on your 2026-2027 Free Application for Federal Student Aid (FAFSA). To clarify your financial aid application and household situation, list and explain below the resources that were available to help you meet your living expenses in 2024. This information will be used to verify the FAFSA questions were answered correctly.
Dependent students must include parental information. (Use black or blue ink only. No cross-outs or white-outs.)

STUDENT INFORMATION

_____ _____ _____
Last Name First Name MI

_____ _____@limcollege.edu
LIM ID LIM Email

FEDERAL/STATE BENEFITS INFORMATION

At any time during 2024 or 2025, did you and/or your spouse (if independent), your parent(s) (if dependent), or anyone in your parent(s)' household receive benefits from any of the federal programs listed below? Check all that apply.

- ❑ Medicaid or Supplemental Security Income (SSI)
- ❑ Supplemental Nutrition Assistance Program (SNAP)
- ❑ Free or Reduced Price School Lunch
- ❑ Temporary Assistance for Needy Families (TANF)
- ❑ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ❑ Other Federal/State Benefits: _____

EXPENSE INFORMATION

Please list the following expense information for

1. Rent amount paid in 2024: $ _____
   a. If rent amount is $0, who provided housing? *List their relationship to the person(s) whose information is being provided:* _____
2. Additional expenses paid in 2024 (such as food, transportation, utilities, etc.): $ _____

OTHER INCOME INFORMATION

List and describe below other sources of income not reported on the FAFSA. If the source of income is a person(s), list their name and relationship to the person(s) whose information is being provided. **Do not include Federal/State Benefits Information listed above.**

	STUDENT AND SPOUSE (if applicable)	PARENT(S) (if dependent)
Sources of Income in 2024	**Amount Received in 2024**	**Amount Received in 2024**
Source 1:	$	$
Source 2:	$	$
Source 3:	$	$

Certification Statement: ***Handwritten signature(s) ONLY***
By signing this form, I/we certify that all the information on this form is accurate and complete.

Student Signature:	Date:
Parent Signature (Dependent Student Only):	Date: