



2018-2019 Statement of Non-Filing/Low Income Form

Student Name: _____ Student ID: _____

Please review the information checked in Section I, and have the individual it relates to complete Section II. Based on your Free Application for Federal Student Aid (FAFSA), more information is required to complete your financial aid file. You must return this **completed and signed** form to the Office of Student Financial Services to determine your eligibility for Financial Aid.

SECTION I: Review the box checked below as it relates to:

Student
 Spouse*
 Parent(s)*
 *Print name/s of spouse/parents: _____

<input type="checkbox"/> STATEMENT OF NON-FILING	You indicated on your 2018-2019 Free Application for Federal Student Aid (FAFSA) that you (your spouse, if married, and/or your parent, if dependent) were not required to and will not file a 2016 income tax return with the Internal Revenue Service. If this is correct, please complete Section II below and return this form to the Office of Financial Aid in order to determine your eligibility for Financial Aid.
<input type="checkbox"/> LOW INCOME STATEMENT	Based on your 2018-2019 Free Application for Federal Student Aid (FAFSA), the 2016 income you (and/or your parent, if dependent) indicated appears insufficient to support the number in household. Please complete all the information requested in Section II of this form to clarify the data you provided on the FAFSA. Sources should include any monetary support from parent(s) (if independent), friends, ex-spouse, and other income received even though it was not included on the income tax form.

SECTION II: Important: The information below must be completed.

	Sources of Income for 2016	Yearly Amount
I N C O M E	Earnings from work	\$
	Student financial aid refunds	\$
	Government assistance /Welfare	\$
	Child support received	\$
	Parental support	\$
	Friends/family support	\$
	Food stamps	\$
	Social Security	\$
	Disability	\$
	Other income (describe): _____	\$
	Total	\$

	Annual Expenses for 2016	Yearly Amount
E X P E N S E S	Housing (rent or mortgage)	\$
	Utilities (electric, phone, water)	\$
	Board (food)	\$
	Transportation/ auto payments	\$
	Child support paid	\$
	Clothing	\$
	Recreation/ entertainment	\$
	Other expenses Describe: _____ _____ _____	\$
	Total	\$

Special circumstances: If you have other means of paying for expenses, if your expenses are higher than your total income, or if your housing is \$0 and you listed "off campus" as the housing plans on your FAFSA, please explain:



Certification Statement

By signing this form, I/we certify that all the information on this form is complete and accurate.

Student Signature: _____

Date: _____

DEPENDENT STUDENTS ONLY

Parent Signature: _____

Date: _____