

Low Income Statement

INDEPENDENT STUDENT

Student ID Number: S _____ Phone Number: _____

Printed Name: _____

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 2015.

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

RESOURCES (Per Year)			EXPENSES (Per Year)		
	STUDENT	SPOUSE		STUDENT	SPOUSE
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 (Cable, child care, credit card, other, etc.)	\$	\$
Total YEARLY resources	\$	\$	Total YEARLY expenses	\$	\$

Please write a short explanation of how the student (& spouse) covered all the living, food and housing costs in 2015 (e.g. student doesn't pay any rent/utilities because she lives with significant other (only their name on lease)). Use the back of this form if necessary.

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: _____