

## 2019-2020 Low Income Statement Estimated Family Budget Report (12 Month) – Dependent

The information you provided on your FAFSA reflects a particularly low income for 2017; therefore, we must ask you to verify how your entire family will meet living expenses in 2019-2020. Please complete the following chart.

Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In 2017, how much did your parent(s) receive from:		
Social Security Benefits?	\$	2017 yearly total
Supplemental Security Income?	\$	2017 yearly total
Non-education veteran benefits?	\$	2017 yearly total
Child support?	\$	2017 yearly total
Income earned from work?	\$	2017 yearly total
Other resources not listed? Please list source:	\$	2017 yearly total
How much was your parent's rent/house payment per month in 2017?	\$	2017 monthly amount
Did your family receive SNAP (food stamps) benefits?		Yes/No
Did your family receive medical or dental assistance from the state?		Yes/No
In 2017, did your family receive basic needs (housing, food, clothing) from anyone?		Yes/No
If yes, please indicate the name and relationship to your family:		

Please explain in further detail how you were able to support the household for the 2017. Has this situation changed for the 2019-2020 school year? If so, please explain.

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*By signing below, I certify that all the information I have submitted is accurate and can be verified with supporting documentation.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning:** If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.