



Financial Aid Office

2016 – 2017 Low Income Itemized Worksheet

Student Name:	Student ID:	Phone Number:
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Unusually low income was reported on your 2016-2017 FAFSA. Students and or parents with unusually low income must complete an itemized list of annual household income and expenses for calendar year 2015. If an item does not pertain to you, enter N/A.

Income/Resource Received in 2015	Student/Spouse Annual Amount	Parent(s) Listed on 2016-2017 FAFSA Annual Amount
Income from work, W2 forms, 1099 forms:	\$	\$
HUD Assistance:	\$	\$
SNAP (formerly known as food stamps):	\$	\$
Social Security Income:	\$	\$
Did you receive WIC? YES or NO	N/A	N/A
Disability or Unemployment:	\$	\$
Veteran’s Benefits (non-educational):	\$	\$
Excess financial aid in 2015-2016:	\$	\$
Other (babysitting, odd jobs, family, etc):	\$	\$
Other (Please specify):	\$	\$
Other (Please specify):	\$	\$
TOTAL INCOME FOR 2015:	\$	\$

List of Expenses in 2015	Student/Spouse Annual Expense	Parent(s) Listed on 2016-2017 FAFSA Annual Expense
Housing Status: () Rent or () Own	\$	\$
Food:	\$	\$
Utilities (phone, gas, water, cable, electric):	\$	\$
Medical/Prescriptions/Dental:	\$	\$
Clothing:	\$	\$
Childcare:	\$	\$
Car Payments/Gas/Auto Insurance	\$	\$
Other Transportation (Bus/Cab):	\$	\$
Other (Please specify):	\$	\$
Other (Please specify):	\$	\$
TOTAL EXPENSES FOR 2015:	\$	\$

If any amounts are \$0, please explain:

Student Signature:	Date:
Parent Signature:	Date: