

# 2017-2018 Low Income Form



Student's Name \_\_\_\_\_

When reviewing your 2017-2018 Student Aid Report, we noted that a low or zero 2015 income was reported by you or your parent(s). Clarification as to how you lived on this income is needed. Please answer the questions below and return this form to the Clarkson College Financial Aid Office.

The following is based on current monthly expenses:

**INCOME/RESOURCES (PER MONTH)**

**EXPENSES (PER MONTH)**

Wages from work \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 ADC \$ \_\_\_\_\_  
 SNAP (Food Stamps) \$ \_\_\_\_\_  
 Veteran's Benefits \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Housing, food, & other living allowances provided by parents, guardians, etc. \$ \_\_\_\_\_  
 Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Car/Transportation \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Utilities (Gas, electric, etc.) \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Child Care/Day Care \$ \_\_\_\_\_  
 Gasoline \$ \_\_\_\_\_  
 Personal \$ \_\_\_\_\_  
 Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL (PER MONTH)** \$ \_\_\_\_\_

**TOTAL (PER MONTH)** \$ \_\_\_\_\_

Do you receive housing assistance? Yes \_\_\_ No \_\_\_  
 Do you receive utility assistance? Yes \_\_\_ No \_\_\_  
 Do you receive medical assistance? Yes \_\_\_ No \_\_\_

Please list below the people in your household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

IF EXPENSES EXCEED INCOME PER MONTH, PLEASE EXPLAIN HOW EXPENSES ARE BEING MET:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Parent's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_