

# Zero or Low Income Clarification Worksheet for Independent Student

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

Student ID#: \_\_\_\_\_

The Income you reported on your 2018-2019 FAFSA appears unusually low to support the number of people in your household. Please complete this form to clarify how you were able to meet 2016 household expenses.

## Section A: Monthly Expenses

Please list monthly expenses from January 1, 2016 – December 31, 2016  
(Even if paid by someone else on your behalf)

Student Expense	Total Monthly Amount
	DO NOT LEAVE ANY QUESTION BLANK
Mortgage or Rent	\$ _____ per month
Groceries (meals/food)	\$ _____ per month
Utilities	\$ _____ per month
Transportation (car payment, gas, transit)	\$ _____ per month
Insurance (medical, automotive)	\$ _____ per month
Medical/dental (not covered by insurance)	\$ _____ per month
Clothing/personal expenses (entertainment, gifts, etc.)	\$ _____ per month
Other payments: List: _____	\$ _____ per month
TOTAL (monthly Expenses)	\$ _____ per month

## Section B: Provide Explanation Statement Below:

If your above mortgage or rent is listed as \$0 and/or if your total expenses listed above exceed your income from 2016, please explain in the space below how your expenses are covered. If your expenses are covered by a federal or state benefit (such as social security, TANF, etc.) not listed on the FAFSA or other documents submitted, please provide supporting documentation from the appropriate agency.

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## Section C: Certification & Signatures

Person's signing this form certify that all of the information reported in it is complete and correct. The student must sign and date.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING: Per federal regulation if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**