



Low Income 2016-2017 Independent Student

Last Name: _____ First Name: _____
 Last Four Digits of SSN: _____ EMPL ID: _____

Your 2016-2017 FREE Application for Federal Student Aid (FAFSA) shows that you reported an unusual low income for the year 2015. Please clarify how you and your spouse (if married) were able to support your household. You must complete, sign and return this form to the Office of Financial Aid within two weeks with appropriate requested documentation. Failure to return this form in a timely fashion will delay the process of your FAFSA application.

SECTION: 1

1. DID YOU/YOUR SPOUSE (IF MARRIED) LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED FREE ROOM AND BOARD IN 2015?
 No
 Yes, Name _____ Relationship _____
2. DID YOU/YOUR SPOUSE (IF MARRIED) LIVE IN PUBLIC HOUSING (NYCHA) IN 2015?
 No Yes –If yes, attach lease.
3. DID SOMEONE ELSE PAY YOU/YOUR AND YOUR SPOUSE (IF MARRIED) EXPENSES IN 2015?
 No
 Yes, Name _____ Relationship _____
4. DID YOU/YOUR SPOUSE (IF MARRIED) LIVE IN ANOTHER COUNTRY (NOT THE U.S.) IN 2015?
 No
 Yes, Name of Country _____ Arrival Date (MM/YY) to U.S. _____
5. DID YOU/YOUR SPOUSE EARN INCOME IN YOUR COUNTRY OF ORIGIN (NOT THE U.S.) IN 2015?
 No Yes –If yes, convert yearly amount to U.S. currency and indicate in Section 2.

SECTION: 2

Sources of Income for 2015	Student	Spouse	Yearly Amount	Annual Expenses for 2015	Yearly Amount
Earnings from work	<input type="checkbox"/>	<input type="checkbox"/>	\$	Housing (rent or mortgage)	\$
TANF	<input type="checkbox"/>	<input type="checkbox"/>	\$	Utilities (electric, phone, water)	\$
SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$	Food	\$
Social Security/Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$	Transportation	\$
Child Support Received	<input type="checkbox"/>	<input type="checkbox"/>	\$	Child support paid	\$
Friends/Family support	<input type="checkbox"/>	<input type="checkbox"/>	\$	Child Care	\$
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$	Clothing	\$
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	Personal	\$
Educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	Other	\$
Non-educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Section 8/HUD/Other	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Financial Aid Refunds	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$		
TOTAL:			\$	TOTAL: \$	

SECTION: 3

To help further clarify your and your spouse's (if married) financial situation, please answer the questions below:

1. If the total expenses are more than the total 2015 income, please explain how the living expenses were paid:

2. If the living expenses equal "0", explain how you lived with no expenses:

3. Please explain briefly how your family is currently meeting its financial obligations:

Non-Discrimination Notice - Hostos Community College does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other category protected under federal, state, and city laws in its programs and/or activities. Inquiries regarding the College's non-discrimination policies can be directed to: Compliance Officer Michelle Dickinson (Room A-336) at 718-518-4284 or mdickinson@hostos.cuny.edu

STUDENT/PARENT CERTIFICATION: I/We declare that all information submitted on this form is true and complete.

Student's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____