



2017-2018 Low Income Form Independent Student

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

We have reviewed your 2017-2018 FAFSA information and found that you reported no income or unusually low income. According to the poverty guidelines set by the federal government, the figures that you reported are inadequate to sustain the number of members in the household. Please clarify how you and/or your spouse were able to support the household. **You must complete, sign and return this form to the Office of Financial Aid within two weeks with the appropriate requested documentation. Failure to return this form and documentation in a timely fashion will delay the process of your FAFSA application.**

SECTION: 1

1. DID YOU AND/OR YOUR SPOUSE LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED FREE ROOM AND BOARD IN 2015?
 No Yes - Name _____ Relationship _____
2. DID YOU AND/OR YOUR SPOUSE RECEIVED SUPPORT FROM FAMILY/FRIENDS TO COVER YOUR EXPENSES IN 2015?
 No Yes - Please indicate the amount in Section: 2
3. DID YOU AND/ OR YOUR SPOUSE LIVE IN ANOTHER COUNTRY IN 2015?
 No Yes - Please indicate date of arrival (MM/YY) to U.S. ____/____ and submit proof of entry to the U.S.
4. DID YOU AND/OR YOUR SPOUSE EARN INCOME IN YOUR COUNTRY OF ORIGIN IN 2015?
 No Yes –If yes, convert yearly amount to U.S. currency and indicate in Section 2.

SECTION: 2 – INSTRUCTIONS

- Provide information regarding income from January 1, 2015 to December 31, 2015
- List **YEARLY** amounts
- If a question does not apply to you, DO NOT LEAVE IT BLANK. Please mark the answer with a zero

Sources	Student	Spouse	Yearly Amount
Earnings from work	<input type="checkbox"/>	<input type="checkbox"/>	\$
TANF	<input type="checkbox"/>	<input type="checkbox"/>	\$
SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security/Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$
Child Support Received (Court Ordered)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Family / Friends support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Non-educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Section 8/HUD/Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
Financial Aid Refunds / Loans	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL:			\$

INSTRUCTIONS

- Provide information regarding living expenses from January 1, 2015 to December 31, 2015
- List **YEARLY** amounts
- If a question does not apply to you, DO NOT LEAVE IT BLANK. Please mark the answer with a zero

Annual Expenses	Yearly Amount
Housing (rent or mortgage)	\$
Utilities (electric, phone, water)	\$
Food	\$
Transportation (metro-card, etc.)	\$
Child support paid (Court Ordered)	\$
Other	\$
TOTAL: :	\$

SECTION: 3

To help further clarify you and/or your spouse's financial situation, please answer the questions below:

1. If in 2015, the expenses were higher than the income, please explain how the living expenses were paid or covered:

2. 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 Eugene Sohn (Room A-322) at 718-518-4281 or ESOHN@hostos.cuny.edu

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

Student's Signature: _____

Date: _____