



2018-2019 Low Income Form
Dependent Student

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

We have reviewed your 2018-2019 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 your parent(s) 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 requested documentation in a timely fashion will delay the process of your FAFSA application.

SECTION: 1

1. DID YOU AND/OR YOUR PARENT(S) LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED FREE ROOM AND BOARD IN 2016?

- Student Parent
No Yes

Name _____ Relationship _____

2. DID YOU AND/OR YOUR PARENT(S) RECEIVED SUPPORT FROM FAMILY/FRIENDS TO COVER YOUR EXPENSES IN 2016?

- Student Parent
No Yes - Please indicate the amount in Section: 2

3. DID YOU AND/OR YOUR PARENT(S)) LIVE IN ANOTHER COUNTRY IN 2016?

- Student Parent
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 PARENT(S) EARN INCOME IN THEIR COUNTRY OF ORIGIN IN 2016?

- Student Parent
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, 2016 to December 31, 2016
- 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	Parent(s)	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"/>	\$
Court Ordered Child Support Received	<input type="checkbox"/>	<input type="checkbox"/>	\$
Friends/Family 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	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL:			\$

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

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

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____