

**STUDENT LOW INCOME QUESTIONNAIRE FORM
2019–20**

Name: _____ SS# or ID: _____

Home Phone Number: _____ Cell Phone Number: _____

Because you indicated that you had little/no income in **2017**, the Financial Aid Office requests that you complete this form. This information will be used to justify your living arrangements for the year **2017**. If applicable, please provide documentation that substantiates your income.

1. Please explain your housing situation for **2017**. (Ex: living with family, friend etc.)

2. How did you purchase food for **2017**? (Ex: parents, cash, food stamps, etc.)

3. What type of transportation did you use for **2017** (Ex: bus, car, etc.) and who paid for your transportation?

4. From what sources did you receive income, including wages, allowances, and stipends in **2017**? (Ex: social security, public assistance, work, family, unemployment compensation, etc.)

5. How much did you receive from these sources in **2017**?

Source: _____ Amount: \$ _____ How Often: _____

Source: _____ Amount: \$ _____ How Often: _____

Source: _____ Amount: \$ _____ How Often: _____

Student Signature: _____ Date: _____