



## 2016-2017 Low Income Form

Student's Name \_\_\_\_\_ Student's ID# \_\_\_\_\_

The 2015 income you/your parent(s) reported on your 2016-2017 FAFSA appears insufficient to support the number of people in your/your parent(s) household. Complete this form to clarify how your/your parent(s) household was able to live and support your/your parent(s) household during 2015. Explain how you were able to provide housing, food, utility bills, clothing, etc.

**Complete the chart below, list the 2015 yearly living expenses for your household (if independent) OR your parent(s) household (if dependent).**

- **Dependent** – Required to provide parental information on your FAFSA
- **Independent** – Not required to provide parental information on your FAFSA

If the chart is left blank or lists all \$0's, this form will be returned and the processing of your financial aid will be delayed.

- If there is not a mortgage, indicate "paid in full" under the heading "Who provided the assistance?" If utilities are included in rent, indicate "included" under the heading "Yearly Expense".

2015 Living Expenses	Yearly Expense	Who provided the assistance? (Social Services, HUD, friend, significant other, parent, grandparent, etc.)	Amount of Assistance Received
<i>EXAMPLE – Housing</i>	<i>\$1,000</i>	<i>HUD</i>	<i>\$500</i>
<i>EXAMPLE – Insurance</i>	<i>\$10,500</i>	<i>Childs non-custodial parent</i>	<i>\$5,275</i>
Housing (rent or mortgage)	\$		\$
Child care	\$		\$
Utilities (heat, electricity, phone, etc.)	\$		\$
Insurance (health, life, car, renter's, home, etc.)	\$		\$
Medical/dental (Medicaid, enter \$0)	\$		\$
Transportation (bus, car, gas, subway, etc.)	\$		\$
Food	\$		\$
Clothing/Other personal expenses	\$		\$

**\*If someone in your household received SNAP benefits, food stamps, or Food Share in 2015, you MUST provide a print out of their yearly benefits from January 1, 2015 to December 31, 2015 with this form.**

If you have recently moved to the United States, please indicate your date of arrival \_\_\_\_/\_\_\_\_/\_\_\_\_

If you were deployed in 2015-16, please enter the dates of deployment here \_\_\_\_/\_\_\_\_/\_\_\_\_

Students only: How much excess financial aid did you receive in 2015 (January through December) after your educational bill was paid in full? Please enter an amount or \$0.

Spring 2015	\$ _____	Name of College/University _____
Summer 2015	\$ _____	Name of College/University _____
Fall 2015	\$ _____	Name of College/University _____

Use the space below if you would like to explain your situation further:

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. To ensure timely processing of your aid, we suggest that you submit this form to the addresses below **within 2 weeks**. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Signature** (if student is dependent) \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Forms can be returned to:**

Valley City State University Financial Aid Office  
101 College St SW, Valley City ND 58072  
Fax: 701-845-7545 Phone: 1-800-532-8641 or 701-845-7542  
E-mail: [financial.aid@vcsu.edu](mailto:financial.aid@vcsu.edu)