



Low Income Support Statement

You reported little or no income on your **2018-2019** FAFSA (Free Application for Federal Student Aid).

* **If** you lived with family and/or friends, indicate this in your statement. Report a total dollar amount of any monies **given to you** by any individual for the purpose of paying basic living expenses in 2016; **such as cell phone bill, transportation, insurance, etc.**

Indicate total amount **given to you** in 2016, if applicable \$_____.

* **If** someone else **paid** any bills **on your behalf**, indicate the total dollar amounts for 2016 below. **For example, if someone paid the rent for an apartment that stated your name as the leaseholder or paid the insurance for a car in your name.**

Indicate total **amount paid on your behalf** in 2016, if applicable \$_____.

* **If** you received assistance from any agency to help you with day-to-day costs towards housing or food, indicate such assistance and the source in your statement (**i.e. SNAP, Link Card, WIC, Section 8 Housing, Urban League, Food Pantry, DCFS, etc.**).

* **If** you were hospitalized, incarcerated, or volunteering your services in exchange for living arrangements, indicate this in your statement.

* **If** you received **Social Security Benefits** or **Child Support**, indicate how much you received in 2016.

Describe how you met basic living expenses during 2016 and 2017 on the lines below for yourself (and your family):

Note: If you are a **DEPENDENT** student, **YOUR PARENT(S)** must complete this form.

Signatures:

Student _____
Print Name Signature

Student ID or SSN (last 4 digits) Address

Parent _____
Signature (Dependent Students) Date: _____