



# 2023-2024 Low Income Clarification

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID number \_\_\_\_\_

In reviewing your financial aid application, the household income appears unusually low. Please supply the information below to provide a better understanding of 2021 income and expenses. The information provided should be for you (the student), unless you were required to include parent information on the FAFSA, in which case parent(s) expenses and livelihood should be reported as well.

Please indicate the average monthly expense of each item listed. Also list the sources of income, benefits, or support provided and by whom each expense is paid. **Complete all items—if something does not apply, enter “0”. CANNOT LIST ALL ZEROS**

Expense	Amount per month	Source of Payment (Who/what pays this expense?)
Rent or House Payment	\$	
Utilities	\$	
Phone	\$	
Groceries	\$	
Car Payment	\$	
Car Insurance, Gas, etc.	\$	
Medical/Dental	\$	
Personal (clothes, soap, etc.)	\$	
Child Care	\$	
Other (Please list)	\$	
<b>TOTAL</b>	\$	XXXXXXXXXXXXXXXXXXXX

List untaxed income and benefits received during 2021. Include amounts received on behalf of dependent children (do not include untaxed financial aid). **Leave nothing blank.**

Source of Untaxed Income	Parent	Student	Source of Untaxed Income	Parent	Student
Child Support Received	\$	\$	Payment to pension/401K	\$	\$
TANF, Welfare	\$	\$	Social Security (SSI, SSD)	\$	\$
Military or Clergy Benefits	\$	\$	Vet non educational benefits	\$	\$
Money rec'd or paid on your behalf (e.g. payment of bills)	\$	\$	Other:	\$	\$
Untaxed Work Income	2020 Amount				
Student: Employer/Source:	\$				
Parent(s): Employer/Source:	\$				

**By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student aid is complete and correct.** Student signature is required, and if dependent, one parent signature. Return this form to Kaskaskia College along with any other requested materials.

Student \_\_\_\_\_ Date \_\_\_\_\_ Spouse \_\_\_\_\_ Date \_\_\_\_\_

Father/Stepfather \_\_\_\_\_ Date \_\_\_\_\_ Mother/Stepmother \_\_\_\_\_ Date \_\_\_\_\_