



Financial Aid Office
 615 N Stadium Avenue
 Thatcher, Arizona 85552
 928-428-8287 fax # 928-428-2391
 Gila Hank Drop Box

2016–2017 Student Statement of Unusually Low Income

The total income reported on your Free Application for Federal Student Aid (FAFSA) is not sufficient to meet basic living expenses. The purpose of this form is to assist the Financial Aid Office in the verification of how basic household needs were met during 2015. We need additional information on how you supported the needs of your household during the 2015 as reported on your FAFSA. **For items that do not apply write “0” or N/A. Include any aid from another person, government benefits or income. Please be sure to list source of benefit in Section B. Additional documents may be required.**

A. Student’s Information

Student’s Last Name	First Name	M.I.	Student’s Identification (ID) Number
Student’s Street Address (include apt. no.)			Student’s Date of Birth
City, State, Zip Code			Student’s Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

B. Student Cash Support

Cash support is support given either in the form of money or money that is paid toward the students bills or financial obligations. For example, if someone gives you cash, gift cards, etc., or if someone is paying expenses you are obligated to pay on your behalf such as rent, utility bills, etc. The dollar amount of this type of cash support should be included in this section.

Cash Support	Amount Per Month	Amount Per Year	Who paid this expense?
Cash for miscellaneous needs and expenses	\$	\$	
Rent or mortgage (student’s name must be on lease or mortgage)	\$	\$	
Food (Do not include Food Stamps)	\$	\$	
Personal care items (Hygiene, toiletries, laundry, etc.)	\$	\$	
Medical / Dental	\$	\$	
Utilities in student’s name (Electric, gas, water, cable, etc.)	\$	\$	
Telephone	\$	\$	
Transportation / Car Payment	\$	\$	
Auto Insurance	\$	\$	
Clothing	\$	\$	
Other (please explain in Section D)	\$	\$	

C. Student Income Received During 2015

Source of Income	Total Amount Per Year
Wages from employment	\$
Child Support received	\$
Alimony received	\$
Untaxed Social Security Retirement / Supplemental Security Income (circle all that apply)	\$
Untaxed disability	\$
SNAP (Food Stamps)	\$
TANIF	\$
Worker's Compensation	\$
Unemployment	\$
Military assistance for clothing, food, or cash	\$
Clergy assistance for clothing, food, or cash	\$
Other Income (please explain in Section D)	\$

D. Additional information

If you live with family and/or friends please provide a statement below explaining who you live with. Please also explain what housing needs they provide for you such as rent/mortgage, food, or utilities. If you have other special circumstances please provide details of your situation. If more space is needed please provide separate letter.

E. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Spouse's Signature (Optional)

Date