



2017-2018 PARENT  
LOW INCOME FORM

Student Name: _____	Student ID or SSN: _____
Parent Name: _____	

**Parent(s):** The parental 2015 income reported on the above student's 2017-2018 Free Application for Federal Student Aid or FAFSA appears to be unusually low. We need additional information to clarify how you, the parent(s), supported yourself. Please provide the following information regarding your monthly expenses and income for **calendar year 2015 (January 2015 – December 2015)**. Do not leave blanks; write "0" if an item is zero dollars.

<u>2015 Monthly Expenses</u>	Monthly Amount	How/who paid these expenses?
Housing (Rent/Mortgage)	\$ _____	_____
Groceries/Food	\$ _____	_____
Utilities	\$ _____	_____
Transportation	\$ _____	_____
Personal Items	\$ _____	_____
Medical	\$ _____	_____
Other: _____	\$ _____	_____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>	

<u>2015 Income (per month)</u>	Parent 1	Parent 2 or Stepparent
Wages, Salaries, Tips	\$ _____	\$ _____
Social Security/Disability	\$ _____	\$ _____
Welfare Benefits including TANF	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
Money from Family/Friends	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

Explain how you were able to live on your monthly income. Attach separate letter if necessary.

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**I certify that all information reported to qualify for federal student aid is complete and correct.**

\_\_\_\_\_  
Parent Signature (handwritten, not typed)

\_\_\_\_\_  
Date

**Submit form to:**

UW Colleges Student Financial Aid Office  
780 Regent St, Suite 130  
Madison, WI 53715-2635