



2018-2019 PARENT
LOW INCOME FORM

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

Parent(s): The parental 2016 income reported on the above student's 2018-2019 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 2016 (January 2016 – December 2016)**. Do not leave blanks; write "0" if an item is zero dollars.

<u>2016 Monthly Expenses</u>	<u>Monthly Amount</u>	<u>How/who paid these expenses?</u>
Housing (Rent/Mortgage)	\$ _____	_____
Groceries/Food	\$ _____	_____
Utilities	\$ _____	_____
Transportation	\$ _____	_____
Personal Items	\$ _____	_____
Medical	\$ _____	_____
Other: _____	\$ _____	_____
Total Monthly Expenses	\$ _____	

<u>2016 Income (per month)</u>	<u>Parent 1</u>	<u>Parent 2 or Stepparent</u>
Wages, Salaries, Tips	\$ _____	\$ _____
Social Security/Disability	\$ _____	\$ _____
Welfare Benefits including TANF	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
Money from Family/Friends	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

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

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

Parent Signature (handwritten, not typed) **Date**

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

Submit form to: UW Colleges Student Financial Aid Office
 780 Regent St, Suite 130
 Madison, WI 53715-2635
 or Fax (608) 265-9750