



2018-2019 STUDENT  
LOW INCOME FORM

**Student Name:** \_\_\_\_\_ **Student ID or SSN:** \_\_\_\_\_

The 2016 income reported on your **2018-2019 Free Application for Federal Student Aid or FAFSA** appears to be unusually low. We need additional information to clarify how you 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.**

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

<b>2016 Income (per month)</b>	<b>Student</b>	<b>Spouse (if applicable)</b>
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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Student Signature** (handwritten, not typed)      **Date**      **Spouse Signature** (if applicable) (handwritten, not typed)      **Date**

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

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