

2018-2019 Low Income Form Independent Student

Last Name: _____

First Name: _____

Last Four Digits of SSN: _____

EMPL ID: _____

We have reviewed your 2018-2019 FAFSA information and found that you reported no income or unusually low income. According to the poverty guidelines set by the federal government, the figures that you reported are inadequate to sustain the number of members in the household. Please clarify how you and/or your spouse were able to support the household. **You must complete, sign and return this form to the Office of Financial Aid within two weeks with the appropriate requested documentation. Failure to return this form and requested documentation in a timely fashion will delay the process of your FAFSA application.**

SECTION: 1

1. DID YOU AND/OR YOUR SPOUSE LIVE WITH A RELATIVE OR SOMEONE ELSE WHO PROVIDED FREE ROOM AND BOARD IN 2016?

- Student Spouse
 No Yes

Name _____ Relationship _____

2. DID YOU AND/OR YOUR SPOUSE RECEIVED SUPPORT FROM FAMILY/FRIENDS TO COVER YOUR EXPENSES IN 2016?

- Student Spouse
 No Yes - Please indicate the amount in Section: 2

3. DID YOU AND/OR YOUR SPOUSE LIVE IN ANOTHER COUNTRY IN 2016?

- Student Spouse
 No Yes - Please indicate date of arrival (MM/YY) to U.S. ____/____
and submit proof of entry to the U.S.

4. DID YOU AND/OR YOUR SPOUSE EARN INCOME IN YOUR COUNTRY OF ORIGIN IN 2016?

- Student Spouse
 No Yes - If yes, convert yearly amount to U.S. currency and indicate in Section: 2

SECTION: 2 – INSTRUCTIONS

- Provide information regarding income from January 1, 2016 to December 31, 2016
- List **YEARLY** amounts
- If a question does not apply to you, DO NOT LEAVE IT BLANK. Please mark the answer with a zero

Sources	Student	Spouse	Yearly Amount
Earnings from work	<input type="checkbox"/>	<input type="checkbox"/>	\$
TANF	<input type="checkbox"/>	<input type="checkbox"/>	\$
SNAP/Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security/Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$
Court Ordered Child Support Received	<input type="checkbox"/>	<input type="checkbox"/>	\$
Family / Friends support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Non-educational VA Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Section 8/HUD/Other	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Aid Refunds / Loans	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL:			\$

Please explain briefly how your family is currently meeting its financial obligations:

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STUDENT CERTIFICATION: I/We declare that all information submitted on this form is true and complete.

Student's Signature: _____

Date: _____