

2020-2021 Low Income Form

Last Name: _____ First Name: _____

Last Four Digits of SSN: _____ EMPL ID: _____

This form is being completed to resolve the low income of the: Student Parent(s)

We have reviewed your **2020-2021** 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 your parent(s) 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, your spouse, and/or your parent(s) live with a relative or someone else who provided free room and board in 2018?** (Please check the appropriate box).

 Student Yes or No Spouse Yes or No Parent(s) Yes or No

Name: _____ Relationship: _____

- 2. Did you, your spouse, and/or your parent(s) receive support from family/friends to cover your expenses in 2018?**

 Student Yes or No Spouse Yes or No Parent(s) Yes or No*If 'Yes,' please indicate the amount(s) in Section 2 of this form.*

- 3. Did you, your spouse, and/or your parent(s) live in another country in 2018?**

 Student Yes or No Spouse Yes or No Parent(s) Yes or No*If 'Yes,' please indicate date of arrival (MM/YY) to U.S. _____/_____**and submit proof of entry to the U.S.*

- 4. Did you, your spouse, and/or your parent(s) earn income in their country of origin in 2018?**

 Student Yes or No Spouse Yes or No Parent(s) Yes or No*If yes, convert yearly amount to U.S. currency and indicate in Section 2 of this form.***PLEASE CONTINUE ON REVERSE SIDE OF THIS FORM**

SECTION 2: INSTRUCTIONS

- Provide information regarding income from **January 1, 2018 to December 31, 2018**.
- List **YEARLY** amounts **ONLY**.
- If a question does not apply to you, **DO NOT LEAVE IT BLANK**. Please mark the answer with a **ZERO**.

SOURCES	STUDENT	PARENT(S)	YEARLY AMOUNT(S)
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"/>	\$
Friends/Family 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	<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/PARENT CERTIFICATION:

We declare that all information submitted on this form is true and complete.

Student’s Signature: _____

Date: _____

Parent’s Signature: _____

Date: _____