

2022-2023 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 **2022-2023** 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: (Please check the appropriate box for each person and answer)**1. Did you, your spouse, and/or your parent(s) live with a relative or someone else who provided free room and board in 2020?** 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 2020? 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 2020?** 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 2020?** 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**

5. If you, your spouse, and/or your parent(s) earn income in their country of origin in 2020, did the country collect taxes from the earned income?

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

SECTION 2: INSTRUCTIONS

➤ Provide information regarding income from **January 1, 2020 to December 31, 2020**

➤ List **YEARLY** amounts **ONLY**

SOURCES	STUDENT	PARENT(S)	YEARLY AMOUNT(S)
Earnings From Work	<input type="checkbox"/>	<input type="checkbox"/>	\$
Friends/Family Support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL:			\$

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

Non-Discrimination Notice: Hostos Community College does not discriminate on the basis of race, color, national origin, sex, disability, age, or any other category protected under federal, state, and city laws in its programs and/or activities. Inquiries regarding the College’s non-discrimination policies can be directed to: Affirmative Action Officer Lauren Gretina (Room A-336) at 718-518-4284 or Lgretina@hostos.cuny.edu.

STUDENT/PARENT CERTIFICATION:

- All the information provided is true and complete to the best of my knowledge. If asked by a Financial Aid official, I agree to provide any additional documents. In addition, I understand that my Financial Aid process will not be complete until I provide the requested information.
- I authorize the Office of Financial Aid to make correction(s) on my FAFSA application based on the information provided (if necessary).

Student’s Signature: _____

Date: _____

Parent’s Signature: _____

Date: _____