

**Financial Aid Office  
 Low Income Survival Statement**

**2019-2020**

Student's Name (PRINT) \_\_\_\_\_ Phone: \_\_\_\_\_

SAU ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
 (9-digit number required)

Your financial aid application has been selected for review, based on information provided on the FAFSA application. The financial Aid Office must verify the data you reported on your Free Application for Federal Student Aid (FAFSA). Verification of data must be completed prior to disbursing financial aid funds. Please complete the information requested below. If there are differences between this information and the FAFSA reported data, the Financial Aid Office will make the corrections electronically.

Please identify one of the following that applies to you:

\_\_\_\_\_ I am **INDEPENDENT** for financial aid purposes because i did not have to provide my parental information on the FAFSA. If this is your case, this form must be completed by YOU and YOUR SPOUSE if married.

\_\_\_\_\_ I am **DEPENDENT** for financial aid purposes because I did have to provide my parental information on the FAFSA. If this is your case, this form must be completed and signed by YOU and YOUR PARENT(S).

<b>Untaxed Income and Benefits for 2017 (annual amounts) Important – Report amounts received for the entire 12 month period of 2017</b>	<b>Student/ Spouse</b>	<b>Parents</b>
Untaxed wages, salaries, and tips (non-taxable) – Copies of W2 forms required	\$	\$
Cash Support Received (Money, gifts loans, housing, food, payments, etc.)	\$	\$
Social Security Benefits (non-taxable)	\$	\$
TANF (Temporary Assistance for Needy Families – otherwise known as welfare	\$	\$
Unemployment Benefits (non-taxable)	\$	\$
Child Support/Alimony Payments Received	\$	\$
Veterans Benefits (Non-taxable, non-educational)	\$	\$
Financial Aid Payments/Refunds	\$	\$
Other (explain):	\$	\$
<b>Living Expenses for 2017 (annual amounts) Important – Report amounts received for the entire 12 month period of 2017</b>	<b>Student/ Spouse</b>	<b>Parents</b>
Rent or House Payment	\$	\$
Utilities and Phone	\$	\$
Automobile Expenses including payments, gas, insurance, etc.	\$	\$
Personal Expenses (clothing, soap products, etc.)	\$	\$
Childcare	\$	\$
Healthcare	\$	\$
Student Loan Payments	\$	\$
Other (explain):	\$	\$

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Receipt of federal or state benefits (check all that apply)

\_\_ Security Income (SSI) \_\_ Free/Reduced lunch \_\_ Section 8 Housing \_\_ Supplemental Nutrition (WIC)

**Student Tax Filing Information**

Check only one box below:

- Check here if you student filed taxes for 2017. (Provide a copy of student's 2017 tax return transcript from the IRS)
- Check here if you, student did not work in 2017.
- Check here if you, student worked but will not file and is not required to file a 2017 U.S. Income Tax Return. Attach copies of all 2017 W-2 forms (wages) issued to the student/spouse.

**Parent(s) Tax Filing Information**

Check only one box below:

- Check here if your parent(s) filed taxes for 2017. (Provide a copy of parents(s) 2017 IRS tax return transcript)
- Check here if your parent(s) did not work in 2017.
- Check here if your parent(s) worked but will not file and is not required to file a 2017 U.S. Income Tax Return. Attach copies of all 2017 W-2 forms (wages) issued to the parent(s).

If your income/benefits are below poverty level for your family size, please explain how you met your basic living expenses (attach separate sheet if needed):

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**Certification**

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_