



Low Income Documentation 2019-2020

Student Name: _____

Student ID: _____

Parent Name (Needed only if student is a dependent): _____

According to your FAFSA, you or your parents reported unusually low income. As part of the institution's responsibility to ensure Federal student aid funds are awarded appropriately and in order to continue to process your application for Federal financial aid, we need additional information on how you supported yourself and your dependent(s) during the 2017 calendar year as reported on your FAFSA. This analysis may or may not affect the amount of financial aid you receive

All data fields must be completed and will be compared to information provided on the 2019-2020 FAFSA. Any questions regarding the completion of this documentation should be directed to your Student Financial Services department.

Sources of Income: List the annual total amounts of gross income (before tax) received from January 1, 2017 through December 31, 2017. **Include any aid, benefits or income from parents (excluding dependent students) or other people (relative, friend, boyfriend/girlfriend) who helped support you.** Attach an additional sheet if necessary. Include any cash gifts you received or any other support received.

NOTE: If something does not apply, enter "0" as value. If you are married, please provide the total for you and your spouse.

Sources of Income in Calendar Year 2017	Student/Spouse Annual Gross Amount	Parent(s) Annual Gross Amount
Student/Father's wages/earnings from work paid by employer	\$	\$
Spouse/Mother's wages/earnings from work paid by employer	\$	\$
Unemployment Compensation	\$	\$
Total support paid directly to you or on your behalf by parents (if independent)	\$	\$
Total support paid directly to you or on your behalf by friends/other person *	\$	\$
Social Security Benefits	\$	\$
Social Security Disability Benefits	\$	\$
Supplemental Security Income	\$	\$
Child Support received	\$	\$
Financial Aid Stipends (Direct Loans, grants, scholarships)	\$	\$
Federal assistance for housing and or utilities	\$	\$
TANF Temporary Assistance for Needy Families	\$	\$
SNAP (Food Stamps)	\$	\$
Veterans Non-education Benefits (disability, death pension)	\$	\$
Other Federal/State/Local Benefits (identify):	\$	\$
Other (describe):	\$	\$
Total Gross Income for Calendar Year 2017	\$	\$



MISSISSIPPI VALLEY STATE
UNIVERSITY.

*This would include any cash received or any payments made for bills that are in your (or spouse) name.

Student Name:

Student ID:

Parent Name (Needed only if student is a dependent):

The school reserves the right to ask you to obtain third-party documentation in support of the information on this document, including, but not limited to, recent pay stubs and proof of other income reported.

By signing this form, I certify that all information reported on it is complete and correct. I declare that all of the information on this form is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and any other documents submitted, including IRS Tax Transcripts and W-2's.

Student Signature

Date

Parent Signature (Needed only if student is a dependent)

Date