LOW INCOME STATEMENT

Per your Student Aid Report created from your FAFSA, it was noted that you (or your parents) reported an unusually low income for 2014. This worksheet should reflect how **expenses** were met with all of your family's **resources/income** for 2014.

Please **complete ALL items** below and submit this form to the Financial Aid Office within 30 days. **DO NOT LEAVE ANY ANSWER BLANK.** If the answer is zero or not applicable, please place a "0" in the space provided. An incomplete form will be returned and will delay processing of your financial aid.

_____ _____

Student ID# or SSN Students Name (please print)

2014 MONTHLY EXPENSES

Student **Monthly** Living Expenses	Living Expenses	Parent/Spouse **Monthly** Living Expenses
$	Housing/Rent/Mortgage	$
$	Food	$
$	Transportation	$
$	Phone/Cell	$
$	Utilities/Electric/Gas/Water	$
$	Other Living Expenses Specify_____	$
$	**= Total Living Expenses =**	$

Use this space to explain any circumstances surrounding your expenses or income.

_____

_____

_____

_____

Please Circle where you will live while attending ASU-Beebe?

On my Own / Parent / Relative / Spouse / Partner / On-Campus / Roommate

YEARLY INCOME for 2014

Student **YEARLY** Sources of Income	**Sources of Income** (You may be asked to provide proof of information if there are any discrepancies in information)	Parent/Spouse **YEARLY** Sources of Income
$	Earnings from Work (include cash paying jobs) (Use W2s; Sch C or F; 1099 or other tax info to assist you)	$
$	Unemployment Compensation (Use 1099-G statement to assist you)	$
$	Worker's Compensation	$
$	Social Security and/or Supplemental Security Income	$
$	TEA (TANF)	$
$	SNAP (Food Stamps)	$
$	HUD (Section 8 Housing Benefits)	$
Yes No	WIC Received? *(Circle the answer that applies)*	Yes No
$	Child Support Received	$
$	Alimony/Palimony Received	$
$	Veterans Benefits (Non Educational)	$
$	Housing, food, and other living allowances paid to members of Military; Clergy or Others (BAS for military)	$
$	Other Untaxed Income: _____	$
$	Taxed-Deferred pension & retirement Savings (On W-2 Box 12a-12d: D, E, F, G, H, S). **IF fully retired**, list the amount of retirement and other sources of Income	$
$	Support from family or friends for Living Expenses	$
$	Bills paid by someone else on my behalf: Describe expenses paid:_____	$
$	Financial Aid Refund utilized for living expenses	$
$	All Other Income Received NOT listed above Source(s):_____	$
$_____yr $_____mo	****Total Sources of Income divided by 12 Months = Monthly Income****	**$_____yr $_____mo**

**If your Total Expenses exceed your Total Sources of Monthly Income, you must explain how you met your expenses on the front of this form.

By signing this form, I (we) certify that all information is true and complete to the best of my(our)knowledge. I understand that purposely giving false or misleading information may result in adjusted eligibility and/or responsibility of repayment of aid.

_____ _____
Student Signature *Date*

_____ _____
Parent Signature (required for Dependent Students) *Date*

For Office Use Only