



2017-2018 STUDENT
LOW INCOME FORM

Student Name: _____	Student ID or SSN: _____
---------------------	--------------------------

The 2015 income reported on your **2017-2018 Free Application for Federal Student Aid or FAFSA** appears to be unusually low. We need additional information to clarify how you supported yourself. Please provide the following information regarding your monthly expenses and income for **calendar year 2015 (January 2015 – December 2015)**.
Do not leave blanks; write "0" if an item is zero dollars.

<u>2015 Monthly Expenses</u>	Monthly Amount	How/who paid these expenses?
Housing (Rent/Mortgage)	\$ _____	_____
Groceries/Food	\$ _____	_____
Utilities	\$ _____	_____
Transportation	\$ _____	_____
Personal Items	\$ _____	_____
Medical	\$ _____	_____
Other: _____	\$ _____	_____
Total Monthly Expenses	\$ _____	

<u>2015 Income (per month)</u>	Student	Spouse (if applicable)
Wages, Salaries, Tips	\$ _____	\$ _____
Social Security/Disability	\$ _____	\$ _____
Welfare Benefits including TANF	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Child Support/Alimony	\$ _____	\$ _____
Money from Family/Friends	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Explain how you were able to live on your monthly income. Attach separate letter if necessary.

I certify that all information reported to qualify for federal student aid is complete and correct.

Student Signature (handwritten, not typed)	Date	Spouse Signature (if applicable) (handwritten, not typed)	Date
--	------	---	------

Submit form to: UW Colleges Student Financial Aid Office
780 Regent St, Suite 130
Madison, WI 53715-2635