



2020-2021 Low Income Statement PARENT

Office of Financial Aid • P.O. Box 468 • Pocahontas, AR 72455 • Phone 870-248-4000 • Fax 870-248-4100

Student's Name: _____ Social Security Number: _____

Phone: (____) _____ Address: _____

The **2018** income you reported on the FAFSA appears to be unusually low. Please fill out the income worksheet below completely---leave no sections blank. When completed, this worksheet should show how you were able to support yourself and/or your family for **2018**. If you are a dependent student, you must include parental information on the back page. In all cases, the total yearly income must equal or exceed the total of all expenses recorded. If not complete, the form will be returned to you causing further delays in your verification process.

Section B: Expenses and Income Information for Calendar Year 2018

DO NOT LEAVE ANY EXPENSES OR INCOME BLANK. LIST ZERO IF NO AMOUNT IS PAID OR RECEIVED.

Parent/Stepparent	Income	Parent/Stepparent
per year	Earnings from all work	per year
per year	Unemployment Compensation	per year
per year	Withdrawals from savings	per year
per year	Social Security/Disability Benefits	per year
per year	Welfare, AFDC, TANF, SNAP	per year
per year	Bills paid by someone else on your behalf (total dollar value)	per year
per year	Child Support Received	per year
per year	Alimony Received	per year
per year	Cash received from family and/or friends	per year
per year	Total Financial Aid received in 2018-2019	per year
per year	VA Benefits	per year
per year	Housing, food, and other living allowances	per year
per year	*Other: explain below	per year
per year	TOTAL INCOME FOR 2018	per year

*Examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the dollar value of support received in **2018**. _____

As certified by the signature below, all the information provided by myself or other is true and complete to the best of my knowledge. I understand the Office of Financial Aid may request additional documentation to verify the above information.

Parent Signature: _____ Date: _____