Student’s Name: _____________________________________ Student’s ID Number: _________________

Form to be completed by (check one):            Student     Parent: Mother/Stepmother
                                          Spouse   Parent: Father/Stepfather

SECTION A:
I, ___________________________________________ am not required, will not, and did not file a 2015 Federal Income Tax Return.
(Printed name of person completing form)

SECTION B:
An unusually low income was reported on your Student Aid Report (SAR) for the year 2015. In order to continue
processing your financial aid for the 2016-2017 award year, please check the appropriate box(es).

Please indicate “0” in the blanks if no income was received. (Do not include subsidized housing.)

☐ Income earned from work                           I received $ _____________ in the year of 2015.
(Attach all W-2 forms.)

☐ Food Stamps (SNAP)                                I received $ _____________ in the year of 2015.
(Attach proof of eligibility. A copy of the card is not valid documentation.)

☐ Social Security (any type)                        I received $ _____________ per month for _____ months in 2015.
(Student/Spouse, Parent/Mother/Father, and/or Child/Children)

☐ Child Support                                     I received $ _____________ per month for _____ months in 2015.

☐ Disability                                        I received $ _____________ per month for _____ months in 2015.
(Do not include Social Security)

☐ Military Benefits                                 I received $ _____________ per month for _____ months in 2015.

☐ Financial Aid                                     I received $ _____________ in the year of 2015.
(Grants, Loans, Work-study)

☐ Other (Describe Below)                            I received $ _____________ in the year of 2015.
____________________________________________________________________

SECTION C:
Signature (Required) – By signing this worksheet, I certify that all the above information is true and correct.

Required Signature: _____________________________    Date: __________________
(Signature of person selected above)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.