



Batch _____

ID # _____

Explanation of Low Income 2018-2019

Student's Name _____ Student's 9-Digit ID # _____

You/spouse (and or your parent) have reported an unusually low income for 2016. You/spouse (and or your parent) must show how living expenses were covered. This would include any untaxed income, savings, or any of the options listed below. **ZERO INCOME IS NOT ACCEPTABLE.**

Please provide the **total amount for the year 2016**, not the amount per month, in the appropriate column(s) listed below. Return this form to the Office of Student Financial Aid at the Liberty Campus as soon as possible.

Type of Expense	What it costs per year	Who pays it or provides it
1. Housing		
2. Utilities		
3. Food		
4. Clothing		
5. Tuition, books, and supplies		
6. Transportation What type? (car, bus, bike, etc.)		
7. Medical What type? (medicine, office visits, insurance, etc.)		
8. Miscellaneous		

Special Note: If you indicated that you received room, board and any monies from another individual, the individual must provide a typed statement that indicate what was provided to you. The person must include a phone number where they can be reached.

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Type of Income	Amount per year	Source
1. Employment		
2. Savings/Investments: interest or dividends earned or amounts withdrawn to pay expenses		
3. Untaxed Benefits What type? (Worker's Compensation, TCA, Social Security, etc.)		
4. Cash (i.e., allowance) from outside resources such as parents, family, friends, etc.)		
5. Other What type?		

Other Explanation:

I/We hereby certify that all information reported on this form is true, complete, and accurate. If I/We gave false or misleading information, my financial aid will be denied, and I will owe the college for any outstanding charges.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____