



Low Income Worksheet 2020-2021

This form is used by the Financial Aid Office to verify income from student, parent and spouse who did not file a 2018 IRS 1040 Tax Return. Please be sure to complete this form in its entirety.

Student's Name: _____ Student ID Number: _____

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

An unusually low income was reported on your FAFSA for the year 2018. In order to continue processing your financial aid for the 2020-21 award year, **you must complete each line item below.**

Indicate whether you and your parent(s) (if dependent) or spouse (if married) received the following forms of income. If you or your parent(s)/spouse did receive one of these forms of income, report the annual amount received for 2018. If you or your parent(s)/spouse did not, indicate \$0 for amount received. NOTE: the government realizes that there must be some form of income to pay your food, rent, electric bill, water bill, gas bill, etc.

- Income earned from work I (We) received \$ _____ in the year 2018.
- Social Security I (We) received \$ _____ per month for _____ months in 2018.
- Disability:**
- SSI Disability I (We) received \$ _____ per month for _____ months in 2018.
- Employer Disability I (We) received \$ _____ per month for _____ months in 2018.
- Veteran Disability I (We) received \$ _____ per month for _____ months in 2018.
- Child Support I (We) received \$ _____ per month for _____ months in 2018.
- Military Benefits I (We) received \$ _____ per month for _____ months in 2018.
- Financial Aid Refund I (We) received \$ _____ in the year 2018.

For the 2018 tax year, please mark yes or no if you, your parent, or your spouse received the following benefits:

TANF Benefits	WIC Benefits	Food Stamp/Snap	Medicaid Benefits
____ Yes ____ No	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No

- Support from Others I (We) received \$ _____ per month for _____ months in 2018.
Provide name and relationship to you: _____
- Other (describe below) I (We) received \$ _____ in the year 2018.

Required Signature: _____ Date: _____
(Signature of person selected above)

You may submit this form in person at the Financial Aid office or one of the other submission options below:

Dothan Campus

Mail: 1141 Wallace Drive
Dothan, AL 36303
Email: finaid@wallace.edu
Fax: 334-556-2523

Eufaula Campus

Mail: P.O. Drawer 580
Eufaula, AL 36072
Email: finaid@wallace.edu
Fax: 334-687-3128