



Low Income Worksheet

This form is used by the Financial Aid Office to verify income from student, parent and spouse who did not file an 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. In order to continue processing your financial aid for the the FAFSA 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. 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 _____ months in _____
- Social Security I (We) received \$ _____ per month for _____ months in _____
- Disability:**
- SSI Disability I (We) received \$ _____ per month for _____ months in _____
- Employer Disability I (We) received \$ _____ per month for _____ months in _____
- Veteran Disability I (We) received \$ _____ per month for _____ months in _____
- Child Support I (We) received \$ _____ per month for _____ months in _____
- Military Benefits I (We) received \$ _____ per month or in _____ months in _____
- Financial Aid Refund I (We) received \$ _____ the 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 _____
 Provide name and relationship to you: _____
- Other (describe below) I (We) received \$ _____ in the year _____

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