



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.

- | | | | |
|--------------------------|-------------------------|--|-----------------------|
| <input type="checkbox"/> | Income earned from work | I (We) received \$ _____ in the year _____ | months in _____ |
| <input type="checkbox"/> | Social Security | I (We) received \$ _____ per month for _____ | months in _____ |
| <input type="checkbox"/> | 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 _____ |
| <input type="checkbox"/> | Child Support | I (We) received \$ _____ per month for _____ | months in _____ |
| <input type="checkbox"/> | Military Benefits | I (We) received \$ _____ per month or in _____ | months in _____ |
| <input type="checkbox"/> | Financial Aid Refund | I (We) received \$ _____ the year _____. | _____ months in _____ |

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

- | | | | |
|--------------------------|---|--|--|
| <input type="checkbox"/> | Support from Others | I (We) received \$ _____ per month for _____ months in _____ | |
| | Provide name and relationship to you: _____ | | |
| <input type="checkbox"/> | 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