

2016-2017

**LOW INCOME WORKSHEET – STUDENT**

**Student:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

The income reported on your 2016-2017 FAFSA appears to be unusually low. Before we can determine your financial aid eligibility, you must provide us with a comprehensive listing of all sources of income you received from January 2015 through December 2015. Please include any cash gifts you received or any other forms of support you received in all of 2015. This information will be used to explain your living arrangements. Do not use cents; please round to the whole dollar amount.

**Student’s Monetary Support Received:**

|    |   |    |
|----|---|----|
| 1. | Amount of any cash support paid on your/your family’s behalf by anyone in all of 2015.  | \$ |
| 2. | Amount of any bills paid on your/your family’s behalf by anyone in all of 2015.   | \$ |
| 3. | Amount of government assistance such as: food stamps, subsidized housing, Women, Infants and Children Program (WIC), National School Lunch and Breakfast Programs, etc., received in all of 2015. | \$ |
| 4. | Amount of veteran's educational benefits received in all of 2015.   | \$ |

**Did you receive financial aid during 2015 to assist with living expenses?**       YES       NO

**Other:**

In the space provided below, please provide a detailed explanation of how your family was able to meet all of the family's expenses for shelter, food, transportation, utilities, clothing, educational expenses, etc., in all of 2015 based on the income that was reported on your 2016-2017 FAFSA and the information provided above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

By signing this form I declare that all information on this form is true and correct and all sources of income have been reported to the best of my knowledge. I understand that I will be responsible for returning all student financial aid monies received due to inaccurate, false, or misleading information being provided on this form and/or any other documents submitted to the Financial Aid Office. In addition, I understand that Embry-Riddle Aeronautical University reserves the right to assume standard levels of income in certain situations.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

This document can be submitted to your campus Financial Aid Office in person, mailed, faxed to 386-226-6307, or scanned and emailed to [dbfinaid@erau.edu](mailto:dbfinaid@erau.edu). (Please remember that attached documents must be PDF)