# 2023-2024 Low Income Form

The 2021 income reported on your 2023-2024 FAFSA appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to live based on this income and return to the Financial Aid Office by US Mail, fax, or secure upload. For questions, call 717-691-6007. Do not leave any items blank.

## Student Information

_____ _____

Last Name First Name M.I. Student ID #

## Student Income (annual income for 20 21)

(include spouse information if married)

| Source | Amount |
|---|---|
| Earnings (i.e. W-2s) | $_____ |
| Social Security Benefits | $_____ |
| Child Support Received | $_____ |
| Untaxed Pensions | $_____ |
| Housing Allowances | $_____ |
| Other Untaxed Income | $_____ |
| Other (Identify Source): | |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| Expenses paid by others (If dependent, not from parents) | $_____ |
| Total 2021 Income | $_____ |

## Parent(s) Income (annual income for 20 21)

| Source | Amount |
|---|---|
| Earnings (i.e. W-2s) | $_____ |
| Social Security Benefits | $_____ |
| Child Support Received | $_____ |
| Untaxed Pensions | $_____ |
| Housing Allowances | $_____ |
| Other Untaxed Income | $_____ |
| Other (Identify Source): | |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| Expenses paid by others | $_____ |
| Total 2021 Income | $_____ |

Briefly explain your situation (Please clarify how your family was able to live on this income.):

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## Sign This Form

Each person signing this form certifies that all the information reported on this form is complete and correct.
Dependent Student: Student and one parent must sign. Independent Student: If married, spouse's signature is optional.

_____ _____

Student's Signature Date Parent's Signature or Spouse's Signature Date

One College Avenue | Mechanicsburg, PA 17055 | 717-691-6007 | Fax: 717-691-2349