



Low Income Worksheet 2019-2020

This form is used by the Northwest Financial Aid Office to verify income on students and parents who do not file an IRS 1040, 1040A, or 1040EZ Tax Return. Please be sure to complete this form in its entirety.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH. APPLICATIONS THAT ARE SUSPECTED TO CONTAIN FRAUDULANT INFORMATION WILL NOT BE AWARDED FEDERAL FINANCIAL AID.

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 2017. In order to continue processing your financial aid for the 2019-2020 award year, please check the appropriate box.

Please indicate "0" in the blanks if no income was received. Also, keep in mind that 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 received \$ _____ in the year 2017.
- Social Security I received \$ _____ per month for _____ months in 2017.
- Disability:**
 - SSI Disability I received \$ _____ per month for _____ months in 2017.
 - Employer Disability I received \$ _____ per month for _____ months in 2017.
 - Veteran Disability I received \$ _____ per month for _____ months in 2017.
- Child Support I received \$ _____ per month for _____ months in 2017.
- Military Benefits I received \$ _____ per month for _____ months in 2017.
- Financial Aid Refund I received \$ _____ in the year 2017.

For the 2017 tax year, please mark yes or no if you receive the following benefits:

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

- Support from Others I received \$ _____ per month for _____ months in 2016.

Provide name and relationship to you: _____

- Other (describe below) I received \$ _____ in the year 2016.

Signature (REQUIRED) – By signing this worksheet, I certify that all of the above information is true and correct.

Required Signature: _____ Date: _____

(Signature of person selected above)