



UNITED TRIBES TECHNICAL COLLEGE
Office of Financial Aid
Explanation of Low Income
2018-2019

Student's Name: _____ **SSN or Student ID#:** _____

You (and/or your parent) have reported an unusually low income for 2016. You must indicate how you and your family have supported yourselves by specifying how living expenses were covered. This would include any untaxed income, savings, or any of the other options listed below. **ZERO INCOME IS NOT ACCEPTABLE.**

MONTHLY LIVING EXPENSES FOR 2016

	Student/Spouse	Parent(s)
Rent/Mortgage	\$	\$
Utilities	\$	\$
Food (Do not include food stamps)	\$	\$
Transportation	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
X 12 months = Total 2016 Expenses	\$	\$

2016 INCOME AND RESOURCES YEARLY

	Student/Spouse	Parent(s)
Wages earned from work (W-2's must be provided)	\$	\$
Child support received for all children	\$	\$
Unemployment compensation	\$	\$
Any other taxed income	\$	\$
Social Security benefits (include SSI and disability)	\$	\$
Savings	\$	\$
Welfare benefits including Temporary Assistance for Needy Families (TANF)	\$	\$
Cash received or money paid on your behalf	\$	\$
Other (explain)	\$	\$
Total 2016 Estimated Untaxed Income		

Please explain how you and/or your family met your living expenses in 2016. **Attach statement to this form and return to the Office of Financial Aid** within 5 business days. By signing this form, you declare, under penalty of perjury, that the above information is true, complete and accurate to the best of your knowledge.

 Student's Signature

 Date

 Parent's Signature (Dependent Students Only)

 Date

You should make a copy of this form for your records. Return to: