



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

The Office of Financial Aid
Phone: 718-489-5255

180 Remsen Street Room 1404, Brooklyn NY 11201
fax 718-489-2062 Email: FinancialAid@sfc.edu

2019-2020 Low Income Worksheet

This form is used by The Student Financial Services Office to verify income on students and parents who do not file an IRS 1040, 1040A, or 1040EZ Tax Return. **The purpose of this form is to clarify how you/your parent(s) were able to meet your expenses during 2017.** In order to continue processing your financial aid for the 2019-2020 award year, Please be sure to complete this form in its entirety.

Student Information

_____	_____	_____	_____
Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
_____	_____	_____	_____
Student's Street Address (include apt. no.)			Student's Date of Birth
_____			_____
City State Zip Code			Student's Email Address
_____			_____
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number
_____			_____

Income Earned from Work

Did you, the student, earn money from working in 2017? Yes No

Did your spouse (if married when FAFSA was filed) earn money from working in 2017? Yes No

Did your parents earn money from working in 2017 (required if parent information was reported on the FAFSA)? Yes No

If you answered yes to any of the above, attach copies of 2017 W-2s to this form. **If wages were earned, but a W-2 was not provided, complete the chart below:**

	Employer/Job Name	2017 Wages, no W-2
Student		
Spouse (if married)		
Father/Stepfather		
Mother/Stepmother		

Benefits

Did anyone in your household receive any of the following benefits in 2017? Check Yes or No for each benefit.

Type of Benefit	Yes	No
Subsidized/Section 8 Housing		
TANF/WIC		
Medicaid/Medicare		
Supplemental Nutrition Assistance Program (SNAP)/Food Stamps		
Supplemental Security Income		
Social Security benefits		
WIC Benefits		

Monthly Expenses

Do not leave any question blank. Enter 0, or N/A, if it doesn't apply.

Expenses in 2017	Average Monthly Cost
Housing (check one) Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with someone rent-free <input type="checkbox"/>	\$
Food	\$
Medical (Prescriptions, doctor's visits, etc.)	\$
Transportation (bus pass, fuel, car note, insurance, etc.)	\$
Phone	\$
Gas/Electric	\$
TV/Internet (cable, satellite, etc)	\$
Personal (Clothes, hygiene items, etc.)	\$
Child Care Expenses	\$

Other (specify)	\$
Total	\$

Monthly Income

Do not leave any question blank. Enter 0, or N/A, if it doesn't apply.

Sources of Income in 2017	Average Monthly Income
Wages	\$
SNAP	\$
Child Support Received	\$
TANF/WIC	\$
Social Security or Social Security Disability	\$
Cash received from friends or family to help you meet the costs of living	\$
Unemployment	\$
Veterans Benefits (Non-Educational)	\$
Total	\$

Comments

If your monthly estimated income does not meet or exceed your monthly estimated expenses for 2017, please explain how you met the costs of living for your household.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent's Signature

Date