



# Low Income Worksheet 2021-2022

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 2019. In order to continue processing your financial aid for the 2021-2021 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 2019.
- Social Security I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
- Disability:**
  - SSI Disability I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
  - Employer Disability I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
  - Veteran Disability I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
- Child Support I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
- Military Benefits I received \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2019.
- Financial Aid Refund I received \$ \_\_\_\_\_ in the year 2019.

For the 2019 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 2019.

Provide name and relationship to you: \_\_\_\_\_

- Other (describe below) I received \$ \_\_\_\_\_ in the year 2019.

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)