



Low Income Worksheet 2017-2018

This form is used by the Southwest Mississippi Community College 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.

Student's Name: _____ Student ID Number: _____

Form to be completed by (check one): Student Spouse Parent: Mother Parent: Father

SECTION A:

An unusually low income was reported on your FAFSA for the year 2015. In order to continue processing your financial aid for the 2017-2018 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 2015.
- Social Security (any type) I received \$ _____ per month for _____ months in 2015.
- Disability (not Social Security) I received \$ _____ per month for _____ months in 2015.
- Child Support I received \$ _____ per month for _____ months in 2015.
- Veterans Non-Education Benefits I received \$ _____ per month for _____ months in 2015.
- Financial Aid (Grants, Loans, and Work-study) I received \$ _____ in the year 2015.
- Food Stamp/SNAP Benefits I received \$ _____ in the year 2015.
- TANF Benefits I received \$ _____ in the year 2015.
- WIC Benefits I received \$ _____ in the year 2015.
- Support from Others I received \$ _____ per month for _____ months in 2015.
(provide name and relationship to you)

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- Free Lodging Benefits I received \$ _____ per month for _____ months in 2015.
 - Other (describe below) I received \$ _____ in the year 2015.
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SECTION B:

STUDENT INFORMATION

1. Where do you (student) live? Please provide the physical address below:

Is this your address or do you (student) live with another person?

My address _____ I live with another person _____

2. If you (student) live with another person, please indicate who he/she is and his/her relationship to you.

Name _____

Relationship to you _____

SECTION C:

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.

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

Signature: _____ Date: _____
(Signature of person selected above)

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, SMCC, 601-276-3885, Kenna Hall 129; Dr. Bill Ashley, PhD, Vice President for Student Affairs, Title IX Coordinator, and Director of Athletics, 601-276-3717, SMCC, 1156 College Drive, Summit, MS 39666.