YES!

## Income Certification 2022-23

Student Name: $\qquad$ Social Security Number: $\qquad$ Student ID: $\qquad$
(last four digits only)

Upon reviewing the results of your Free Application for Federal Student Aid (FAFSA), we note that your income is unusually low. Please complete the following information so that we may determine how you supported yourself and/or your dependents.

Do you and your dependents live with your (or your spouse's) parents? Yes No

Do you and your dependents live with someone other than a parent who provides for your basic necessities (food, shelter, clothing, etc.)? Yes No
If yes, please list the people who provide support and your relationship to them:

| Name | Relationship to Student |
| :---: | :---: |
|  |  |
|  |  |

Do you (or your spouse) currently receive any of the following:

| TANF | Yes | No | Medicaid | Yes | No |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Food stamps | Yes | No | Section 8 housing/Public Housing | Yes | No |
| WIC | Yes | No | Daycare assistance | Yes | No |
| Untaxed Social Security Benefits | Yes | No |  |  |  |
| If yes to untaxed Social Security Benefits <br> above, please provide the estimated amount <br> for 2022. S |  |  |  |  |  |

Please describe any other assistance that you receive:

Are you (your spouse) currently employed?
Yes No
If yes, what are your (your spouse) total estimated wages for 2022?

Does someone pay bills in your (your spouse's) name on your behalf? Yes No
If yes, what is the total estimated amount paid on your behalf? $\qquad$

If you (your spouse) have additional information related to how you financially support yourself or your dependents, please explain:

## Certification Statement:

My signature certifies that the information provided is true and correct and that I am providing an accurate description of $m y$ financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.

