



LOIN

**Northeastern State University
Student Financial Services**
715 N. Grand Ave.
Tahlequah, OK 74464
Phone: (918) 444-3456
Fax: (918) 458-2150
financialaid@nsuok.edu

2019-2020 Low Income Form

_____	_____	N _____	() _____	_____
Last Name	First Name	Student ID #		Phone

An unusually low income was reported on your financial aid application. To help us clarify your financial aid application and household situation, please list and explain below the resources that were available to help you meet your living expenses in 2017. This information will be used to help ensure the FAFSA questions were answered correctly. **Please list the amounts you received or paid for the whole year, not per month. Dependent students should provide information about their parents.**

If some of your expenses or living costs were paid or given to you by someone else, a government agency or some by other means, please explain that on the lines below so we can document it properly for the students' financial aid file. Many types of assistance do not have to be reported on the FAFSA form. When these types of assistance are present, it is very helpful for this to be shown in the students' file.

Section A – Income and Expenses for the 2017 Calendar Year

	<u>STUDENT</u>	<u>PARENT(S)</u>
Income for January 2017 – December 2017		
Employment and Odd Jobs	\$ _____	\$ _____
Government Assistance (TANF, SNAP, etc...) (TYPE: _____) ...	\$ _____	\$ _____
Cash Support from All Sources.....	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
School Financial Aid Received (Financial aid refunded to you)	\$ _____	\$ _____
Other Income (please explain below)	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Expenses for January 2017 – December 2017		
Housing (How much was your Rent/Mortgage?)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Personal Expenses	\$ _____	\$ _____
Car Maintenance	\$ _____	\$ _____
College Costs You Paid (Out of pocket, not financial aid)	\$ _____	\$ _____
Other Expenses (Please explain) _____	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

Section B – Certification and Signatures

Signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Signature: _____ Date: _____

Mother/Stepmother Signature: _____ Date: _____

Father/Stepfather Signature: _____ Date: _____

Student Financial Services