

2019-2020 Low Income Form Dependent Student

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (inc	clude apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Num	ber (include area code)	Student's Alternate or Cell Phone Number	

B. Dependent Student's Family Information

List below the people in your <u>parent(s)</u>' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–2020. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2019, and June 30, 2020. If more space is needed, attach a separate page with the student's name and Social Security Number or student ID at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self	·	

WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, PLEASE CALL: Troy (518) 244-4525 or Albany (518) 292-1783

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Tax Filing Information		Student		Parent	
1. Did you file a tax return for 2017?			V		
f yes, you must submit a 2017 IRS Tax	Yes:		Yes:		
Return Transcript*	No:		No:		
2. Did you work and earn income in					
2017 but not required to file a tax return?	Yes:	Yes:		Yes:	
f yes, you must submit copies of all W2's 2017	for No:	No:		No:	
3. Did you earn \$0 income from					
working in 2017?	Yes:		Yes:		
	No:	 	No:		
Untaxed Income & Benefits for 20 Indicate Yearly Totals			Student	Parent	
Untaxed wages, salaries, and tips SNAP (Supplemental Nutrition Assistance Program)		\$ \$		\$ \$	
TANF (Temporary Assistance for Needy Families)		\$		\$	
WIC (Woman, Infants, Children):		\$		\$	
Free/Reduced Lunch:		\$		\$	
Social Security Benefits:		\$		\$	
Workman's Compensation		\$		\$	
Child Support Received		\$		\$	
Child Support Paid		\$		\$	
Alimony		\$		\$	
Unemployment Benefits		\$		\$	
Money paid on your behalf		\$		\$	
Certification and Signatures Each person signing this worksheet certifies that information reported on it is complete and correction to the student and one parent must sign and date.	ect.		this workshee	ive false or misleading t, you may be fined, be	
Student's Signature		 Date			
Student's Signature		Date			
Parent's Signature		Date			

Student's Name: ______ SSN: _____