



St. Vincent's College
 Financial Aid Department
 2800 Main Street
 Bridgeport, CT 06606
 Phone: (203)576-5756
 Fax: (203)576-5318

Parent Statement of Low Income

Student's Name: _____ **Student's ID Number:** _____

Based on your 2016-17 FAFSA, you have reported a total income of less than \$5000 for the base tax year. As a result, you must provide additional information about your income and expenses in 2015 to complete the processing of your financial aid.

Remarks: If all of the items are not applicable, you must provide a statement indicating how you supporting yourself in 2015.

Section I (Housing):

1-During the year 2015, with whom did you live? Family Roommate/Significant other By yourself

2- During the year 2015, did your name appear on a mortgage or lease agreement? Yes No

Section II (Parent Statement of Income):

During the year 2015, did you receive any of the following benefits?

SSI Food Stamps (SNAP) Temporary Assistance for Needy Families (TANF) WIC None

2015 Income: Identify the source of your yearly income for the tax base year 2015. Please do not provide amounts.

Type/FAFSA Questions	Yes	No	Source
Wages from Work (FAFSA Q88/Q89)			
Social Security Benefits (not reported on FAFSA)			
Child Support Received (FAFSA Q94C)			
Untaxed Income Not Reported on FAFSA (FAFSA Q94I)			
Other (Disability /Military) Q94H/Q94I)			
Untaxed Foreign Income (FAFSA Q94I)			

I was married, supported by spouse. I am separated, divorced or widowed. In 2015, I had \$_____ income (do not include spouse's income and if none, please enter 0).

Please describe any special circumstances regarding your source (s) of income for the year 2015.

Section III (Certification): I hereby certify that all the information above is true and complete.

 Parent's Signature

 Date

 Student's Signature

 Date