

## **Office of Financial Aid**

## 2015-2016 Low Income Form

The 2014 income reported on your 2015-2016 FAFSA appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to live based on this income and return to the Financial Aid Office by US Mail, FAX, or Email. For questions, call 717.691.6007. **Do not leave any items blank.** 

## **Student Information**

Last Name	Fir	st Name	M.I.	Messiah College Student ID	
Student Income (annual in (include spouse inform	Parent(	Parent(s) Income (annual income for 2014)			
Source Earnings (i.e. W-2s) Social Security Benefits Child Support Received Untaxed Pensions Housing Allowances Other Untaxed Income Other (Identify Source):	<u>Amount</u> \$\$\$\$\$\$\$	Earning Social S Child Su Untaxed Housing Other U	Source s (i.e. W-2s) Security Benefits upport Received d Pensions g Allowances ntaxed Income (Identify Source):	\$ \$}	<u>Amount</u>
Expenses paid by others (If dependent, not from	\$ \$ n parents)	Expense	es paid by others	\$	
Total 2014 Income	\$	Total 20	)14 Income	\$	

Briefly explain your situation (Please clarify how your family was able to live on this income!):

## Sign This Form

Each person signing this form certifies that all the information reported on this form is complete and correct. **Dependent Student**: Student and one parent must sign. **Independent Student**: If married, spouse's signature is optional.

Student's Signature