



## Office of Financial Aid

### 2017-2018 Low Income Form

The 2015 income reported on your 2017-2018 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 or FAX. For questions, call 717.691.6007. **Do not leave any items blank.**

#### Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Messiah College Student ID

#### Student Income (annual income for 2015)

(include spouse information if married)

<u>Source</u>	<u>Amount</u>
Earnings (i.e. W-2s)	\$ _____
Social Security Benefits	\$ _____
Child Support Received	\$ _____
Untaxed Pensions	\$ _____
Housing Allowances	\$ _____
Other Untaxed Income	\$ _____
<u>Other (Identify Source):</u>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Expenses paid by others	\$ _____
(If dependent, not from parents)	
<b>Total 2015 Income</b>	\$ _____

#### Parent(s) Income (annual income for 2015)

<u>Source</u>	<u>Amount</u>
Earnings (i.e. W-2s)	\$ _____
Social Security Benefits	\$ _____
Child Support Received	\$ _____
Untaxed Pensions	\$ _____
Housing Allowances	\$ _____
Other Untaxed Income	\$ _____
<u>Other (Identify Source):</u>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Expenses paid by others	\$ _____
<b>Total 2015 Income</b>	\$ _____

**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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature or Spouse's Signature

\_\_\_\_\_  
Date