

Office of Financial Aid

2020-2021 Low Income Form

The 2018 income reported on your 2020-2021 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.**

ast Name Fire		t Name	M.I.	Messiah College Student ID
Student Income (annual inc		Parent(s) Income (annua	al income for 2018)
(include spouse informa Source Earnings (i.e. W-2s) Social Security Benefits Child Support Received Untaxed Pensions Housing Allowances Other Untaxed Income Other (Identify Source):	\$\$ \$\$ \$\$ \$\$	Earning Social S Child Su Untaxed Housing Other U	Source s (i.e. W-2s) Security Benefits apport Received d Pensions g Allowances ntaxed Income (Identify Source):	\$\$ \$\$ \$\$ \$\$ \$\$
Expenses paid by others (If dependent, not from	\$ \$ \$ parents)	Expens	es paid by others	\$ \$ \$ \$
Total 2018 Income	\$	Total 20	018 Income	\$
Briefly explain your situa	tion (Please clarify I	how your fam	ily was able to live o	on this income!):
Sign This Form				
Each person signing this form ce Dependent Student: Student ar				
Student's Signature	Date	Parent's S	Signature or Spouse's	Signature Date