

Office of Financial Aid

2021-2022 Low Income Form

The 2019 income reported on your 2021-2022 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.**

Last Name		First Name	M.I.	Messiah College Student ID
Student Income (annual in	ncome for 2019)	Parent(s) Income (annua	l income for 2019)
(include spouse information	ation if married)			
<u>Source</u>	<u>Amount</u>	_	<u>Source</u>	<u>Amount</u>
Earnings (i.e. W-2s)	\$		s (i.e. W-2s)	\$
Social Security Benefits	\$		Security Benefits	\$
Child Support Received	\$		upport Received	\$
Untaxed Pensions	\$	Untaxed	d Pensions	\$
Housing Allowances	\$	Housing	Allowances	\$
Other Untaxed Income	\$	Other U	ntaxed Income	\$
Other (Identify Source):		<u>Other</u>	(Identify Source):	
	\$			\$
	\$			\$
	\$			ď
	\$			\$
Expenses paid by others (If dependent, not from	\$ parents)	Expens	es paid by others	\$
Total 2019 Income	\$	Total 20	19 Income	\$
Briefly explain your situa	ation (Please clar	ify how your fam	ily was able to live or	n this income!):
Sign This Form Each person signing this form of Dependent Student: Student a				
Student's Signature	Date one parent mus		Signature or Snouse's S	