

2022-2023 Low Income Form

The 2020 income reported on your 2022-2023 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 secure upload. For questions, call 717-691-6007. **Do not leave any items blank.**

Student Information			
Last Name	Firs	st Name M.I.	Student ID #
Student Income (annual in (include spouse inform		Parent(s) Income (annual inc	ome for 2020)
Source Earnings (i.e. W-2s) Social Security Benefits Child Support Received Untaxed Pensions Housing Allowances Other Untaxed Income Other (Identify Source):	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Source Earnings (i.e. W-2s) Social Security Benefits Child Support Received Untaxed Pensions Housing Allowances Other Untaxed Income Other (Identify Source):	Amount \$ \$ \$ \$ \$ \$ \$ \$
Expenses paid by others (If dependent, not from	\$ \$ \$ n parents) \$	Expenses paid by others Total 2020 Income	\$\$ \$\$ \$
Briefly explain your situ	ation (Please clarify	how your family was able to live on this	income.):
		ormation reported on this form is compl	
Student's Signature	and one parent must s	sign. Independent Student: If married, Parent's Signature or Spouse's Signa	