



# Low Income Worksheet 2020-2021

This form is used by the Financial Aid Office to verify income from student, parent and spouse who did not file a 2018 IRS 1040 Tax Return. Please be sure to complete this form in its entirety.

**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH. APPLICATIONS THAT ARE SUSPECTED TO CONTAIN FRAUDULANT INFORMATION WILL NOT BE AWARDED FEDERAL FINANCIAL AID.**

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Form to be completed by (check one): ☐ Student ☐ Spouse ☐ Parent: Mother ☐ Parent: Father

An unusually low income was reported on your FAFSA for the year 2018. In order to continue processing your financial aid for the 2020-21 award year, **you must complete each line item below.**

Indicate whether you and your parent(s) (if dependent) or spouse (if married) received the following forms of income. If you or your parent(s)/spouse did receive one of these forms of income, report the annual amount received for 2018. If you or your parent(s)/spouse did not, indicate \$0 for amount received. NOTE: the government realizes that there must be some form of income to pay your food, rent, electric bill, water bill, gas bill, etc.

- |                          |                         |                                                             |
|--------------------------|-------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | Income earned from work | I (We) received \$_____ in the year 2018.                   |
| <input type="checkbox"/> | Social Security         | I (We) received \$_____ per month for _____ months in 2018. |
| <input type="checkbox"/> | <b>Disability:</b>      |                                                             |
|                          | SSI Disability          | I (We) received \$_____ per month for _____ months in 2018. |
|                          | Employer Disability     | I (We) received \$_____ per month for _____ months in 2018. |
|                          | Veteran Disability      | I (We) received \$_____ per month for _____ months in 2018. |
| <input type="checkbox"/> | Child Support           | I (We) received \$_____ per month for _____ months in 2018. |
| <input type="checkbox"/> | Military Benefits       | I (We) received \$_____ per month for _____ months in 2018. |
| <input type="checkbox"/> | Financial Aid Refund    | I (We) received \$_____ in the year 2018.                   |

**For the 2018 tax year, please mark yes or no if you, your parent, or your spouse received the following benefits:**

TANF Benefits	WIC Benefits	Food Stamp/Snap	Medicaid Benefits
____ Yes ____ No	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No

- |                          |                                             |                                                             |
|--------------------------|---------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | Support from Others                         | I (We) received \$_____ per month for _____ months in 2018. |
|                          | Provide name and relationship to you: _____ |                                                             |
| <input type="checkbox"/> | Other (describe below)                      | I (We) received \$_____ in the year 2018.                   |
|                          | _____                                       |                                                             |

Required Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of person selected above)

**You may submit this form in person at the Financial Aid office or one of the other submission options below:**

**Dothan Campus**

Mail: 1141 Wallace Drive  
Dothan, AL 36303  
Email: [finaid@wallace.edu](mailto:finaid@wallace.edu)  
Fax: 334-556-2523

**Eufaula Campus**

Mail: P.O. Drawer 580  
Eufaula, AL 36072  
Email: [finaid@wallace.edu](mailto:finaid@wallace.edu)  
Fax: 334-687-3128