

STUDENT INFORMATION

Office of Financial Aid - Room 241 North 695 Park Avenue, New York NY 10065 Phone: 212-772-4820

Fax: 212-650-3666

## 2020-2021 Low Income Form

An unusually low income was reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA). To clarify your financial aid application and household situation, list and explain below the resources that were available to help you meet your living expenses in 2018. This information will be used to verify the FAFSA questions were answered correctly. **Dependent students must include parental information.** (Use black or blue ink only. No cross-outs or white-outs.)

EMPLID  Hunter Email  PART 1. FEDERAL/STATE BENEFITS INFORMATION  At any time during 2018 or 2019, did you and/or your spouse (if independent), your par your parent(s)' household receive benefits from federal or state programs? This includes SNAP, Free or Reduced Price School Lunch, TANF, WIC.  Yes, Name of program/resource:  If you checked "Yes", skip the rest of the form, sign, and submit.	rent(s) (if depende	•
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	□ No	
If you checked "Yes", skip the rest of the form, sign, and submit.	Yes, Name of program/resource: \qquad No	
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PART 2. HOUSING INFORMATION		
If you are a dependent student, the following question is for your parents.		
If you are an independent student, the following question is for you and/or your spouse.		
spouse.	☐ Yes	□ No
In 2018, did a relative or friend provide you/your family with housing?		
If you checked "Yes", provide the relative or friend's name, relationship to you, and amo	ount of support for	· 2018.
Name Relationship to you		ount in 2018
	\$	
If you checked "Yes", skip the rest of the form, sign, and submit.  PART 3. FINANCIAL RESOURCES  If you checked "No" for both Parts 1 and 2, please explain what source of income you as how much? For example, source of income can be refunds received from tax return(s).	nd your family live	d on in 2018 and
Source of Income	Amo	unt for 2018
	\$	,
	\$	
	\$	
ertification Statement: Handwritten signature(s) ONLY signing this form, I/we certify that all the information on this form is accurate and completudent Signature:	\$	
	Date.	
ent Signature (Dependent Student Only):	Date:	