

Low Income Statement for 2010

Student Name: _____ S.S. #: _____ C #: _____

You have indicated an unusually low income for yourself and/or your family on the 2011-2012 Free Application for Federal Student Aid (FAFSA). Please complete this form and return it to the Financial Aid Office. Spousal information must be completed if you were married at the time that you completed the FAFSA. If an item does not apply to you, please indicate this by placing a **zero** in the space. **If you leave spaces blank, we will assume that you skipped over that item.** If you have any questions regarding this matter, please do not hesitate to contact a financial aid advisor at 305-284-3115 or via email at finaid@law.miami.edu. **Note: We cannot continue to process your application for financial aid until we receive this completed form.**

Yearly Income and Resources for January to December 2010 (in U.S. dollars)		
	Student	Spouse
Income earned from work (provide W2 form or proof of earnings)		
Child support received for all children		
Alimony or separation maintenance		
Welfare benefits: AFDC/ADC or TANF (do not include food stamps)		
Supplemental Security Income (SSI)/ untaxed Social Security benefits		
Veterans Benefits (specify type)		
Unemployment compensation that was not included on your tax return		
Disability benefits other than Social Security		
Pensions or retirement benefits		
Worker's compensation		
Housing, food, or other living allowances for military, clergy, etc. (including cash payments and cash value of benefits)		
Cash received, or any money paid on your behalf, towards living and/or educational expenses (please specify)		
Other (please specify)		
Total Income 2010		

The chart below lists basic expenses typically incurred by households. Please list the amount your household spent on the expenses, and the source from which you obtained the means to cover the expense. The chart must be completed fully (the amount and source will not be assumed) or it will be returned to you.

Expense	Amount Paid for Expenses Incurred From January to December 2010	Source (list the person, public agency, job(s) etc. which paid or provided the funds/support)
Rent/Mortgage		
Utilities		
Clothing		
Personal (household items, toiletries, etc.)		
Food		
Medical/Dental		

Certification: I/We certify that all information reported on this form and any attachments hereto is true, complete and accurate. False statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I/We understand that the Office of Financial Assistance Services may request additional documentation to verify the above information.

Student Signature _____ Date _____

Phone Number _____ E-mail _____

Student's Spouse Signature _____ Date _____

Phone Number _____ E-mail _____