

2018-2019

LOW INCOME WORKSHEET - PARENT

Student:

First Name: _____ Last Name: _____ Student ID #: _____

Parent:

First Name: _____ Last Name: _____

The income reported on the student's 2018-2019 FAFSA appears to be unusually low. Before we can determine the student's financial aid eligibility, you must provide us with a comprehensive listing of all sources of income you received from January 2016 through December 2016. Please include any cash gifts you received or any other forms of support you received in all of 2016. This information will be used to explain your living arrangements. Do not use cents; please round to the whole dollar amount.

Parent's Monetary Support Received:

| | | |
|----|---|----|
| 1. | Amount of any cash support paid on your family's behalf by anyone in all of 2016. | \$ |
| 2. | Amount of any bills paid on your family's behalf by anyone in all of 2016. | \$ |
| 3. | Amount of government assistance such as: food stamps, subsidized housing, Women, Infants and Children Program (WIC), National School Lunch and Breakfast Programs, etc., received in all of 2016. | \$ |
| 4. | Amount of veteran's educational benefits received in all of 2016. | \$ |

Did you receive financial aid during the 2017-2018 academic year to assist with living expenses? YES NO

Other:

In the space provided below, please provide a detailed explanation of how your family was able to meet all of the family's expenses for shelter, food, transportation, utilities, clothing, educational expenses, etc., in all of 2016 based on the income that was reported on the student's 2018-2019 FAFSA and the information provided above:

By signing this form, I declare that all information on this form is true and correct and all sources of income have been reported to the best of my knowledge. I understand that I will be responsible for returning all student financial aid monies received due to inaccurate, false, or misleading information being provided on this form and/or any other documents submitted to the Financial Aid Office. In addition, I understand that Embry-Riddle Aeronautical University reserves the right to assume standard levels of income in certain situations.

Parent Signature

Date

Submit this document to your campus Financial Aid Office using the [secure upload](#) link, at your ERAU campus, or via fax: 386-226-6915. Be sure to include your Student ID on all documents.