# 2019-2020 LOW INCOME FORM

*Your 2019-2020 application for financial aid has been selected for low income verification. Processing of your financial aid file cannot continue, and no financial aid can be awarded until the required information has been received. The authority for SCC to review the requested documents can be found in CFR Title 34, Part 668.*

**STUDENT NAME**: _____ **SCC ID / SSN: _____**

Your reported 2017 income has been identified as unusually low to meet the standard of living expenses for yourself and/or your household. You and your spouse (if married) or parents (if dependent) must explain how your family was financially supported during the 2017 calendar year – **January through December 2017**.

**SECTION A: Non-reported income/benefits. Please check all that apply.**

☐ SNAP (Food Stamps) ☐ Supplemental Security Income (SSI) ☐ Free or Reduced School Lunch

☐ Public Housing ☐ WIC (Nutrition Program) ☐ Medicaid

☐ TANF (Work First) ☐ SC Childcare Vouchers

**SECTION B: Miscellaneous Information:** *Complete the "Employment Information" and "Miscellaneous Income Information" sections below. Do not leave any blanks in the Monthly Amount section. If something does not apply, please put "0" or "N/A" in fields that are not applicable.*

| **Employment Information:** | |
|---|---|
| *check one:* | |
| ☐ I am unemployed. | ☐ I am currently working. |
| *if working:* | |
| Name of Employer: | |
| Date started: | |
| Paid (circle one): | Weekly Bi-Weekly Monthly |
| **Wage per pay-period:** | $ |

| **Miscellaneous Income Information:** | |
|---|---|
| **Miscellaneous** | **Monthly Amount** |
| Social Security Disability | |
| Other Disability | |
| Unemployment Benefits | |
| Alimony | |
| Child Support | |
| Other: | |
| **TOTAL INCOME** | $ |

**SECTION C: Incarcerated Last Year:**

I was incarcerated last year beginning _____ and ending _____.
Month / Year Month / Year

**SECTION D: Explanation of 2017 Situation: How were your expenses covered?**

Please explain your situation. Include as much detail as possible to clarify how expenses such as housing, utilities, and other living expenses were covered for 2017 (attach a separate sheet of paper if additional space is needed):

**SECTION E: Current Situation for 2019/2020 Academic Year: How will your expenses be covered?**

Please explain your current situation. Include as much detail as possible to clarify how expenses such as housing, utilities, and other living expenses will be covered July 1, 2019 – June 30, 2020. (Attach a separate sheet of paper if additional space is needed):

**SECTION F: SUPPLEMENTAL INFORMATION: -** *Complete this session if you were unable to check any items in SECTION A and selected "I am unemployed" and did not have any miscellaneous income reported in SECTION B. If you were able to check items in SECTION A, or you are working and/or had miscellaneous income reported in SECTION B, please proceed to SECTION G.*

**SUPPLEMENTAL INFORMATION SECTION: Expense Information for 2017**

Enter the amount your spent in 2017 (***do not leave any blank spaces, put N/A or $0 if does not apply***). NOTE: If you were not employed or did not receive any untaxed income, but reside with individuals who support you, please indicate a dollar value you would assess to that support.

| Type of Expense | Monthly Amount | Name of individual who pays this expense | Relationship to student (self, parent, etc.) |
|---|---|---|---|
| **a) Housing Status:** ☐ Rent ☐ Own ☐ Other: please specify; (i.e. with friends, family, etc.) _____ | | | |
| **b) Household Utilities:** (Electric, Water, Sewer, etc.) | | | |
| **c) Food** | | | |
| **d) Communication:** (Cell Phone, Cable, Internet) | | | |
| **e) Insurance:** (Medical, Vision, Dental) | | | |
| **f) Childcare Expenses:** | | | |
| **g) Automotive:** (Insurance and/or payment) | | | |
| **h) Transportation:** (gas, bus ticket, etc.) | | | |
| **i) Personal:** (clothes, credit cards, toiletries) | | | |
| **j) Other:** | | | |
| **TOTAL MONTHLY EXPENSES** | $ | | |

**SECTION G: Certifications, Signatures and Contact Information**

By signing this *Low Income Form*, I (we) certify that all information reported to qualify for federal financial aid is complete and correct. The student must sign this worksheet. A parent's signature is required for dependent students.

**Student Signature**:_____ **Date**:_____

**Parent Signature**:_____ **Date**:_____

*(Parent signature required if student is Dependent)*

***Student's Mailing Address:**_____

**Street** **City** **State and Zip**

***Student's Telephone Numbers:**_____

**Home** **Cell**

***** *To receive all correspondence from SCC, please keep your mailing address updated in the SCC records office. The majority of communications from the SCC financial aid office, including the award notification, will be sent to your SCC email account. Through My SCC Portal, you must review your email and announcements regularly to ensure you have the latest information about your financial aid. **

**WARNING: If you purposely give false or misleading information on this form, you may be fined; sentenced to jail or both.**

***Spartanburg Community College – Financial Aid Office***
***P.O. Box 4386, Spartanburg, S.C. 29305***
***Phone: (864) 592-4810 Toll Free: 1-888-591-3810 Fax: (864) 592-4945***