



FINANCIAL AID OFFICE

518 W. Locust Street ■ Davenport, Iowa 52803  
563/333-5775 ■ fax 563/333-5818  
BeeCentral@sau.edu

## 2017-18 Low Income Form

Return this completed form to  
St. Ambrose University, Financial Aid Office  
518 W. Locust Street, Davenport, IA 52803

### Student Information

Name \_\_\_\_\_ SAU student ID# \_\_\_\_\_  
Last First Middle Initial

Phone \_\_\_\_\_

After reviewing your FAFSA information, the household income you reported for your family appears unusually low. Please supply the information below to provide a better understanding of 2015 income and expenses. The information provided should be for you (the student), unless you were required to report parental information on the FAFSA, in which case parent(s) expenses and livelihood should be reported as well.

Please indicate the average monthly expense for each item listed below. Also list the sources of income, benefits, or *support provided by others*, which paid each expense. **Complete all items — if something does not apply, enter “0”.**

| 2015 Expenses                    | Whose name is this expense in? | Amount per month | Source of payment<br>(who/what pays this expense) |
|----------------------------------|--------------------------------|------------------|---|
| Rent                             |                                | \$               |   |
| Utilities (phone, gas, electric) |                                | \$               |   |
| Insurance (healthcare, car)      |                                | \$               |   |
| Child care                       |                                | \$               |   |
| Car payment                      |                                | \$               |   |
| Medical/dental                   |                                | \$               |   |
| Other (please list)              |                                | \$               |   |

List any income or benefits received for 2015. Include the amount received on behalf of dependent children. **Leave nothing blank. If something does not apply, enter “0”.**

| 2015 Sources of Other Income     | Parent | Student |
|----------------------------------|--------|---------|
| Child support <i>received</i>    | \$     | \$      |
| Welfare, TANE, FIP, food stamps  | \$     | \$      |
| Military or clergy benefits      | \$     | \$      |
| Pension or IRA distribution      | \$     | \$      |
| Social Security (SSI, SSD)       | \$     | \$      |
| Veteran non-educational benefits | \$     | \$      |
| Other (unemployment)             | \$     | \$      |

### 2015 Untaxed Work Income

|         |                 |    |
|---------|-----------------|----|
| Student | Employer/source | \$ |
| Parent  | Employer/source | \$ |

### Certification

By signing this form, I (we) certify that all the information reported is complete and correct. If you are dependent, your parent must sign. Please return this completed form to the St. Ambrose University Financial Aid Office.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_