St Ambrose University
FINANCIAL AID OFFICE
518 W. Locust Street ▪ Davenport, Iowa 52803
563-333-5775 ▪ fax 563-333-5818

2019-20 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 2017 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".***

2017 Expenses	Whose name is this expense in?	Amount per month	Source of payment (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 2017. Include the amount received on behalf of dependent children. ***Leave nothing blank. If something does not apply, enter "0".***

2017 Sources of Other Income	Parent	Student
Child support ***received***	$	$
Welfare, TANF, FIP, food stamps	$	$
Military or clergy benefits	$	$
Pension or IRA distribution	$	$
Social Security (SSI, SSD)	$	$
Veteran non-educational benefits	$	$
Other (unemployment)	$	$

2017 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 _____