



2021-22 Low Income Form

FINANCIAL AID OFFICE
518 W. Locust Street ■ Davenport, Iowa 52803
563-333-5775 ■ fax 563-333-5818

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

Student Information

Name Last First Middle Initial SAU student ID#

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 2019 income and expenses.

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".

Table with 4 columns: 2019 Expenses, Whose name is this expense in?, Amount per month, Source of payment (who/what pays this expense). Rows include Rent, Utilities, Insurance, Child care, Car payment, Medical/dental, and Other.

List any income or benefits received for 2019. Include the amount received on behalf of dependent children. Leave nothing blank. If something does not apply, enter "0".

Table with 3 columns: 2019 Sources of Other Income, Parent, Student. Rows include Child support received, Welfare, TANE, FIP, food stamps, Military or clergy benefits, Pension or IRA distribution, Social Security (SSI, SSD), Veteran non-educational benefits, and Other (unemployment).

2019 Untaxed Work Income

Table with 3 columns: Student/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