



# ENTERPRISE STATE COMMUNITY COLLEGE

## 2025-2026 Low Income Statement

Name \_\_\_\_\_ Student ID Number (A) \_\_\_\_\_

**On your 2025-2026 FAFSA, you either did not provide income information or you provided income information that seems unusually low.**

**Using this form, please indicate how you provided for yourself (and your family if applicable); or if this form is for your parents, how they provided for themselves for the year 2023.**

Monthly Living Expenses	Student	Parent(s)
Rent/Mortgage	\$	\$
Utilities	\$	\$
Food and Clothing Expenses	\$	\$
Education/Tuition Payments	\$	\$
Transportation (Auto Payments and Gas)	\$	\$
Medical, Personal Other (please specify)	\$	\$
<b>Total Monthly Expenses:</b>	<b>\$</b>	<b>\$</b>

Monthly Income	Student	Parent(s)
Income Earned from Work	\$	\$
Child Support Received for All Children	\$	\$
Alimony	\$	\$
WIC	\$	\$
TANF	\$	\$
SNAP/Food Stamps	\$	\$
Medicaid	\$	\$
Social Security Income or SSI	\$	\$
Veterans Non-Education Benefits	\$	\$
Disability Benefits	\$	\$
Pension or Retirement Distributions	\$	\$
Workers' Compensation Benefits	\$	\$
Loans, bills paid on your behalf, financial support from others, gifts or cash (please specify below):	\$	\$
Other (please specify):	\$	\$
<b>Total Monthly Income:</b>	<b>\$</b>	<b>\$</b>

By signing this form, I certify that all of the information on this form is complete and correct. I understand the Financial Aid Office might request additional documentation to verify the above information. Note: As a dependent student, you and a parent must sign this form.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_