



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)	\$	\$
Total Monthly Expenses:	\$	\$

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):	\$	\$
Total Monthly Income:	\$	\$

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** _____