



ENTERPRISE STATE COMMUNITY COLLEGE

2024-2025 Low Income Statement

Name _____ Student ID Number (A) _____
 Date of Birth _____ Email Address _____
 Phone Number _____
 Street Address _____
 City _____ State _____ Zip _____

On your Free Application for Federal Student Aid (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. If an agency or family/friend provided assistance for you or your parents, then please identify who is helping you (or helped you during the year) and how much they are providing for you (or provided for you during the year) on a monthly basis. In order to continue processing your award, you must explain how you were able to meet your expenses for the 2022 calendar year. Your award package for the 2024-2025 school is determined using your 2022 financial data (January - December 2022).

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 _____

Phone: (334) 347-2623 ext. 2214 Email: financialaid@esc.edu

Mailing: P.O. Box 1300 Enterprise, AL 36331 Physical: 600 Plaza Drive Enterprise, AL 36330