

**Financial Aid Office** 

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## 2023 – 2024 DEPENDENT LOW INCOME CLARIFICATION WORKSHEET

## Student Name \_\_\_\_\_

Last 4 of SSN# \_\_\_\_\_ Chipola ID#\_\_\_\_\_

You reported an unusually low amount of household income on your 2023-2024. Free Application for Federal Student Aid (FAFSA). Please complete this worksheet explaining how you were able to provide housing, food, utilities, clothing, transportation, etc. for your family in 2021. We must consider the amount of support from parents, relatives, or money from friends during 2021, which may or may not affect the amount of financial aid you receive.

This form will be returned to you if incomplete. YOUR FINANCIAL AID FILE WILL NOT BE PROCESSED WITHOUT IT.

- 1. **RESOURCES**: List sources and total amounts from January 1, 2021 through December 31, 2021.
- NOTE: IF SOMETHING DOES NOT APPLY, ENTER "0".

Parents/Student	Sources and amounts of income in 2021 (annual amounts only)		
Amount Total for			
2021 Year			
	Social Security Benefits/Supplemental Security Income for 2021		
\$	(Printout from Social Security Office)		
\$	Federal assistance for housing and/or utilities for 2021 (Printout)		
\$	TANF (Temporary Assistance for Needy Families) for 2021		
	Food Stamps (SNAP) for 2021 and/or 2022		
\$	(Printout from the SNAP office for 2021 and/or 2022)		
	Special Supplemental Nutrition Program for Women, Infants &		
\$	Children (WIC)		
	(Printout from WIC Office for 2021)		
	Unemployment compensation for 2021- (Printout from the		
\$	Unemployment Office)		

2. EXPENSES – Please indicate the yearly expenses for each item below. Also list the source of income, benefits, or support provided by others, which paid each expense. Complete all items – if something does not apply, enter "O".

## How did your parent's financially support themselves and their family for the year of 2021?

Expense for 2021	Amount Per Year	Source of Payment (Who/what pays this expense?)
Example: Gas	\$1200	Parent, family friend, aunt, grandparent
Rent or House Payment	\$	
Utilities	\$	
Phone/Cell Phone	\$	
Groceries	\$	
Car Payment	\$	
Car Insurance, Gas, etc.	\$	
Personal expenses (clothes, childcare, etc.)	\$	
Other (Please List)	\$	
Total	\$	****

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct. Student signature is required, and one parent signature. Return this form to Chipola College along with any other requested materials.

Student

Date

Parent

Date

Chipola College is an Equal Access/Equal Opportunity Institution http://www.chipola.edu/legal/equity.htm

> Financial Aid Office Spring, 2022