



Financial Aid Office

3094 Indian Circle, Marianna, Florida 32446
E-mail - financialaid@chipola.edu
Tel: 850-526-2761 Fax: 850-718-2427

2024 – 2025 DEPENDENT LOW INCOME CLARIFICATION WORKSHEET

Student Name _____

Last 4 of SSN# _____ Chipola ID# _____

You reported an unusually low amount of household income on your 2024-2025. 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 2022. We must consider the amount of support from parents, relatives, or money from friends during 2022, 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, 2022 through December 31, 2022.

NOTE: IF SOMETHING DOES NOT APPLY, ENTER "0".

Parents/Student	Sources and amounts of income in 2022 (annual amounts only)
Amount Total for 2022 Year	
\$	Social Security Benefits/Supplemental Security Income for 2022 (Printout from Social Security Office)
\$	Federal assistance for housing and/or utilities for 2022 (Printout)
\$	TANF (Temporary Assistance for Needy Families) for 2022
\$	Food Stamps (SNAP) for 2022 and/or 2023 (Printout from the SNAP office for 2022 and/or 2023)
\$	Special Supplemental Nutrition Program for Women, Infants & Children (WIC) (Printout from WIC Office for 2022)
\$	Unemployment compensation for 2022– (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 2022?

Expense for 2022	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	\$	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct. Any alteration to this form will not be accepted. All signatures must be handwritten. Typed signatures will not be accepted.

Student **Date** **Parent** **Date**

Chipola College is an Equal Access/Equal Opportunity Institution
<https://www.chipola.edu/equal/>

Financial Aid Office
Spring, 2024