



## Financial Aid Office

3094 Indian Circle, Marianna, Florida 32446

E-mail - [financialaid@chipola.edu](mailto:financialaid@chipola.edu)

Tel: 850-526-2761 Fax: 850-718-2427

### 2025 – 2026 INDEPENDENT LOW INCOME CLARIFICATION WORKSHEET

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

Chipola ID# \_\_\_\_\_

You reported an unusually low amount of household income on your 2025-2026 Free Application for Federal Student Aid. Please complete this form explaining how you were able to provide housing, food, utilities, clothing, etc. for your family in 2023. We must consider the amount of support from parents, relatives, or money from friends during 2023 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, 2023 through December 31, 2023.

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

Student/Spouse	Sources and amounts of income in 2023 (annual amounts only)
Amount Total for 2023 Year	
\$	Social Security Benefits/Supplemental Security Income for 2023 (Printout from Social Security Office)
\$	Federal assistance for housing and/or utilities for 2023 (Printout)
\$	TANF (Temporary Assistance for Needy Families) for 2023
\$	Food Stamps (SNAP) for 2023 and/or 2024 (Printout from the SNAP office for 2023 and/or 2024)
\$	Special Supplemental Nutrition Program for Women, Infants & Children (WIC) (Printout from WIC Office for 2023)
\$	Unemployment compensation for 2023 – (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”.**

<b>Expense for 2023</b>	<b>Amount Per Year</b>	<b>Source of Payment (Who/what pays this expense?)</b>
<b>Example: Gas</b>	<b>\$1200</b>	<b>Boyfriend, parent, family friend, aunt</b>
<b>Rent or House Payment</b>	\$	
<b>Utilities</b>	\$	
<b>Phone/Cell Phone</b>	\$	
<b>Groceries</b>	\$	
<b>Car Payment</b>	\$	
<b>Car Insurance, Gas, etc.</b>	\$	
<b>Personal expenses (clothes, childcare etc.)</b>	\$	
<b>Other (Please List)</b>	\$	
<b>Total</b>	\$	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

\_\_\_\_\_  
Spouse (Optional) Date

**Chipola College is an Equal Access/Equal Opportunity Institution**

<https://www.chipola.edu/equal/>

**Financial Aid Office  
Spring, 2025**