OGLALA LAKOTA COLLEGE FINANCIAL AID OFFICE P.O. BOX 490 • KYLE, SD 57752 phone (605)455-6000 Fax (605)455-1027 financialaid@olc.edu

2017-2018 Low Income Clarification

The income reported on your Free Application for Federal Student Aid (FAFSA) does not seem sufficient to have supported your family/self during the previous year. Please indicate below how your living expenses were during the 2015 calendar year. This form must be completed and signed by a parent if the student is dependent; independent students should complete and sign this form themselves.

A. STUDENT INFORMATION:

STUDENT NAME: _____Student I.D_____ SSN: _____

STREET ADDRESS: _____ CITY/STATE/ZIP:_____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

THIS SECTION MUST BE COMPLETE BY THE FINANCIAL AID OFFICE:

Complete this form with: ☐ Student income information ☐ Parent income information

Source of Money Received from January 2015 – December 2015	Monthly Amount		Number of Months Received		Annual Amount Jan 2015 -Dec 2015
Income from work (gross)	$	x		=	$
Unemployment	$	x		=	$
Child Support Received	$	x		=	$
Disability	$	x		=	$
Vocational Rehabilitation	$	x		=	$
Social Security Benefits	$	x		=	$
Aid to Families with Dependent Children (AFDC/ADC)	$	x		=	$
Earned Income Credit	$	x		=	$
Food Stamps Received	$	x		=	$
Housing Allowance	$	x		=	$
Commodities	$	x		=	$
Other:	$	x		=	$
Support Received other than Money (explain on separate sheet)			Total		$

If you lived with someone who supported you, please explain: _____

_____

If your parent's income was not sufficient to pay rent/mortgage, Food, utilities, and other expenses, explain how their expenses met: (attach separate sheet if additional space is needed) _____

_____

_____

_____

I/We hereby certify that all information reported on this form and any attachments hereto are complete and accurate. False statements or misrepresentation will be caused for denial, reduction, withdrawal, and/or repayment of financial aid.

_____ _____

Student's Signature Date Parent's Signature Date