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

# 2018-2019 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 2016 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 2016 – December 2016 | Monthly Amount | | Number of Months Received | | Annual Amount Jan 2016 -Dec 2016 |
|---|---|---|---|---|---|
| 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