



2020-2021 Standard Low-Income Form

This form is designed to collect calendar year 2018 income information.

Student's Name (Please Print)

Student ID

Parent or Spouse's Name (Please Print)

To confirm your eligibility for financial aid, please complete BOTH of the following:

- Expense worksheet detailing your 2018 household expenses. (DO NOT include business expenses or rental property expenses on this form).
- Resource worksheet (page 2) detailing the income / resources used to the meet these living expenses.

2018 Expense Worksheet (January 1, 2018 – December 31, 2018)

Budget Item	Total Yearly Expenditure
Rent/Mortgage/Housing/Property Taxes/Property Insurance	
Food/Groceries/Dining	
Utilities (electric, gas, oil, water, sewer, phone, cable, garbage)	
Cell phone / other wireless communication	
Transportation (public transportation, car payments, license, insurance, gasoline, maintenance, repairs, parking)	
Insurance (medical, life, etc.)	
Medical / Dental costs not covered by insurance	
Personal Items / Services (clothing, grooming, haircuts, laundry, etc.)	
Recreation/Entertainment	
Credit card debt paid	
Miscellaneous (list on separate sheet)	
TOTAL YEARLY EXPENSES	\$

*****If your total yearly expenses exceed your total yearly income/resources on page 2, please attach a written explanation of your living situation. *****

Use the following spaces to report all income received during the calendar year 2018 from all sources including but not limited to: income from work, interest and/or dividend income, Social Security, etc. Attach copies of supporting documentation that show the amount of untaxed income:

Income / Resources	Yearly Amount Received
Earnings from work (self)	
Earnings from work (spouse)	
Income from Business that you used for your personal/household expenses	
Interest / Dividend Income	
Social Security Benefits	
TANF or other public assistance	
Check all boxes that apply/list the amount(s) received if applicable: Food Stamps (SNAP) <input type="checkbox"/> SSI <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> WIC <input type="checkbox"/>	
Housing , food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) source:	
Unemployment compensation	
Workers' compensation or L&I (Labor & Industries)	
Veterans non-education benefits	
Child Support RECEIVED for all children	
Savings and/or Investment withdrawals to cover expenses	
Insurance settlements or payments received	
Income from loans. Indicate source:	
Income from cash advances or expenses paid by credit card. Indicate source:	
Retirement and/or pension	
Money received or expenses paid on your behalf (e.g., bills), not already reported on this form	
Other income / resources received to meet expenses (list on separate sheet)	
TOTAL YEARLY INCOME/RESOURCES	\$

Certification Statement

I certify that the income information reported above is complete and accurate.

Student's Signature

Date

Parent or Spouse's Signature

Date

Complete and return to:
Office of Financial Aid
Fisk University
1000 Seventeenth Avenue North
Nashville, TN 37208
Fax: (615) 329-8520