



2017-2018 Low Income Follow-Up Form

Serving Richmond and Scotland Counties

Student's Name _____

Student ID Number _____

The Department of Education requires that we document how a student lived during 2015 when the household income is low. This information is needed to verify how your/your family was able to live on the low income reported on your FAFSA form. Complete this form and return it to the Richmond Community College Financial Aid Office.

- Where did you live? Mark only one.**
- Home you own or are buying
 - Home you rent
 - Apartment you rent
 - Parent's Home/Apartment
 - Reside with someone other than your parent or spouse

How much did you/your spouse or your parents pay monthly for rent, house payment, mortgage, etc.? _____

If you/your spouse or your parents did not pay monthly rent, house payment, or mortgage, etc., is it because:

- House is paid for.
- House is owned by a family member and you stay there rent free.
- Rent is paid by a program such as Section 8, HUD, Social Services, etc. How much monthly? _____
- You live with someone **other** than your spouse or parent and you do not pay rent. How much did the other person pay monthly for rent, house payment, mortgage, etc? _____

Does your household receive Food Stamps? _____ Yes _____ No How much monthly? _____

Name the person receiving this assistance. _____

How much do you pay each month for groceries, not including Food Stamps? _____

Does your household receive WIC benefits? _____ Yes _____ No How much monthly? _____

Name the person receiving this assistance. _____

Does anyone in your household receive Welfare Benefits, including TANF? _____ Yes _____ No

How much monthly? _____ Name of the person receiving this assistance. _____

Does anyone receive Social Security Benefits, Supplemental Security Income (SSI), Combat Pay, other untaxed income?

_____ Yes _____ No Report benefits paid for all household members.

***The amounts of Food Stamps, WIC, Welfare Benefits, Social Security Benefits, SSI, Combat Pay, and subsidized housing you receive is not included in the calculation of your eligibility.**

List everyone who lived in your household from January 1, 2015 to December 31, 2015. Attach a separate page if additional space is needed.

Name	Age	Relationship to You	Did you support this person?
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Does anyone else buy groceries or other items for your household? Yes No

How much each month? _____

If yes, name of person. _____

On average, how much are the bills in the household each month?

Electricity _____

Gas (for home use) _____

Water/Sewer _____

Phone Service: Land Line _____ Cell _____ Pager _____

Cablevision _____ Satellite _____

Home Insurance _____

Health Insurance _____

Credit Card Payments _____

Car Payment _____

Car Insurance _____

Daycare/Childcare Expenses _____

For Office Use Only

Signature: _____

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student Signature (Required) _____ Date _____