

Serving Richmond and Scotland Counties

2017-2018 Low Income Follow-Up Form

Student's Name				
Student ID Number				
The Department of Education requires that we <u>document how a student lived during 2015</u> 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 □ Apartment you rent □ Apartment you rent □ Apartment you rent □ 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?YesNo How much monthly?				
Name the person receiving this assistance.				
Does anyone in your household receive Welfare Benefits, including TANF?YesNo				
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				
YesNo 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			
		r items for your household?	
How much each month?_			
If yes, name of person			
		n the household each month?	
Electricity			For Office Use Only
Gas (for home use)			
Water/Sewer			
Phone Service: Land Li	ne	Cell Pager	
Cablevision	Satellite _		
Home Insurance			
Health Insurance			
Credit Card Payments			
Car Payment			
Car Insurance			
Daycare/Childcare Expens	ses		Signature:
			ported to qualify for federal student aid is lation is a federal offense that can result in fine

Student Signature (Required)_____