

2018-2019

CERTIFICATION OF LOW INCOME/NON-FILER SUPPORT

Student Name: _____

Relationship to the Student: Self _____ (name)
 (select only one) Spouse _____ (name)
 Father/Stepfather/Adoptive Father _____ (name)
 Mother/Stepmother/Adoptive Mother _____ (name)

Return Completed Form and Supporting Documents to:
Office of Student Financial Aid
 Student Development Center, Suite 1100
 Princess Anne, Maryland 21853
 Office (410) 651-6172 Fax (410) 651-7670

The Office of Student Financial Aid has completed the initial review of the 2018-2019 FAFSA application. Additional information is needed to verify 2016 income and support. Return this form and all documents to our office.

This form is not considered complete unless accompanied by all supporting documents required.

Please complete the information below using 2016 information. List your **average** monthly household expenses and how those expenses were paid in the appropriate areas. **Attach a legible copy of all 2016 W-2's.**

- DO NOT list any zeroes on this form or leave any blanks unless proper explanation is provided.
- If an agency provided support/goods in 2016, list the agency name in the column for "Source of Income". *You must attach documentation from that supporting agency.*
- If an individual(s) provided support/goods in 2016, list the individual(s) in the column for "Source of Income". *You must attach a **notarized** letter written and signed by the individual attesting they provided the listed support.*

TYPE OF HOUSEHOLD EXPENSE	COST PER MONTH	SOURCE OF INCOME/SUPPORT
Housing:	\$	
Household Utilities: electricity, phone (landline and cell), gas, water, oil:	\$	
Food for the family:	\$	
Clothing for the family:	\$	
Family transportation:	\$	
Medical Insurance:	\$	
Miscellaneous: (list)	\$	
TOTAL:	\$	

By signing this form, I certify that I (we) have provided true and accurate information for tax year 2016.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____

NOTE: You are not eligible to complete this form if you have filed for an extension on your 2016 Federal 1040 form.