



2020-2021
Minimal Income Statement
 Independent Student

Student Name _____ CWID _____

A review of your 2020-2021 Free Application for Federal Student Aid (FAFSA) indicates that your total family income from all sources for 2018 appears to be unusually low. Therefore additional information is required before the Office of Financial Aid can determine your eligibility for student aid. Please complete this form as completely as possible.

Income (Amounts should be for the full year)	Amount Received in 2018
Earnings from all employment	\$
Unemployment benefits for the year	\$
Withdrawals from savings or retirement accounts	\$
Social Security benefits	\$
Welfare benefits (TANF, AFDC, etc)	\$
Child Support received	\$
Alimony received	\$
Cash received from family	\$
Cash received from friends	\$

Explanation: You must provide an explanation of how you were able to meet your day to day expenses from January 1, 2018 through December 31, 2018. Attach a separate sheet if necessary. **Forms without an explanation will not be accepted.**

By signing this document I certify that all information provided on this form is true, accurate and complete.

 Student Signature _____
 Date