

National Hispanic University

2011-2012 Low Income Statement for an Independent Student

Name: _____ NHU ID/SSN: _____ Phone#: _____

In reviewing your FAFSA, we found that you/your spouse reported having a very low income or no income for 2010. Your application has been selected for verification and it is necessary for you to provide us with information indicating your means of support in 2010. Once completed, this low income statement will show the Office of Financial Aid at National Hispanic University how you were able to support yourself and/or your dependents in 2010. Please be very specific in your responses and include all sources of income. Your verification process could be delayed if this form is not completed properly.

PLEASE ANSWER ALL QUESTIONS ON THIS FORM – CIRCLE YES or NO. IF AN ANSWER IS ZERO, PLACE A \$0 OR N/A IN THE SPACE PROVIDED

1. I lived with a family member (not spouse) or friend during 2010 and was not responsible for a rent/mortgage payment. **YES NO**
2. I lived on my own/with my spouse during 2010. **YES NO**
3. Money received in 2010: \$ _____ Annual Amount
Please include amounts given to you for personal use (ex: clothes, food, gas) and paid on your behalf (ex: utilities, cable, phone, rent/mortgage)
4. Child Support RECEIVED for all children in 2010 (do not include foster care or adoption payments) **YES NO** If yes, provide amounts:
\$ _____ Monthly amount received in 2010 _____ # of months received in 2010
Please make sure to include the annual amount on the 2011-12 Verification Worksheet (page 2).
5. Government assistance received in 2010 for yourself, spouse, and/or dependents you support in your household?
 - a. **YES NO** Low Income Housing Monthly Amount _____ # of Months in 2010 _____ Who received this benefit? _____
 - b. **YES NO** Welfare/TANF/AFCD Monthly Amount _____ # of Months in 2010 _____ Who received this benefit? _____
 - c. **YES NO** Food Stamps/WIC Monthly Amount _____ # of Months in 2010 _____ Who received this benefit? _____
 - d. **YES NO** Social Security Benefits Monthly Amount _____ # of Months in 2010 _____ Who received this benefit? _____
 - e. **YES NO** Medicaid/Medicare/Other government assisted medical insurance _____ Who received this benefit? _____
6. Workman's Compensation in 2010? **YES NO** If Yes, please provide amounts.
\$ _____ Monthly amount received in 2010 _____ # of months received in 2010
7. Financial Aid Refunds received in 2010? \$ _____ Annual Amount
Only include the amount you received in living expenses. Do not include amounts that covered tuition costs.
8. Unemployment amount received in 2010? \$ _____ Annual Amount
Please make sure to send the Office of Financial Aid your 2010 1099 G to show proof of unemployment compensation.
9. Veteran's Non-Educational Benefits received, such as Death Pension, Disability and DIC in 2010? \$ _____ Annual Amount
10. Funds withdrawn for cash from savings and retirement accounts in 2010? \$ _____ Annual Amount
11. Money received from selling property, stocks, or bonds in 2010? \$ _____ Annual Amount

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.

Student Signature: _____ SSN: _____

Spouse's Signature (if applicable): _____ SSN: _____