



2019-20 ZERO OR LOW INCOME STATEMENT – STUDENT (And Spouse, if married)

CONTACT: ZeroIncS

Instructions: You have reported on your FAFSA that you had no income from wages, self-employment or any public assistance programs in 2017. FAFSA requires that we follow up to confirm that the information reported on FAFSA is correct, and to obtain an explanation of how you paid your expenses in 2017. Complete and return to the Office of Student Financial Planning via fax to 785-404-1485 or scan and email to finaid@kwu.edu or mail to the above address or turn in to our office. Processing will continue when this completed and signed form is received. Thank you!

Student Name: _____ SSN: _____ KWU STID# _____

Note: The federal government has changed the definition of “married” for FAFSA:

Both students who are married in a same-sex marriage, must provide both of their incomes and assets on the FAFSA, if they are living together in the same household and are not “separated”.

TOTAL EXPENSES IN 2017: [Please list your (family) expenses in 2017.]

Column A	Column B	Column C	Column D
Expense	Amount Paid 2017	Expense	Amount Paid 2017
Rent or Mortgage Payment	\$	Gasoline	\$
Car Loan Payments	\$	Utilities	\$
Car Insurance Paid	\$	Food	\$
Other Transportation (Bus)	\$	Cell Phone Bill	\$
Medical (Insurance/ Co-Pays)	\$	Other	\$
Total of Column B	\$	Total of Column D	\$
TOTAL EXPENSES IN 2017:		Total of Column B plus Total of Column D	\$

TOTAL INCOME RECEIVED IN 2017: Please list annual amounts from all sources, and earnings for 1) the student reported on the FAFSA or 2) the student’s spouse, if married –see above.) Leave no blanks; enter zeros if not received from that source in 2017.

Office Use Only:		Amount Received in 2017
39	Wages: Student (Instruction: Attach a copy of a W-2 Forms received for 2017 for the student.)	\$
40	Spouse (Instruction: Attach a copy of a W-2 Forms received for 2017 for student’s spouse.)	\$
945c	Child support received	\$
45g	Housing, food, other living allowances for military, clergy, and others (include cash)	\$
45h	Veteran’s non-educational benefits, e.g. Death Pension, Dependency, Indemnity etc.	\$
45i	Other Untaxed Income not reported on tax return: (e.g. Disability Benefits	\$
45i	Worker’s Compensation (payments and cash value of benefits)	\$
Total 94i	Any other untaxed income and benefits such as Black Lung benefits, etc.	\$
44j	Money received from, or bills paid on your behalf by your parents for you	\$
44j	Money received from, or bills paid on your behalf by persons other than your parent	\$
TOTAL INCOME RECEIVED IN 2017		\$

Do not report dollar amounts on FAFSA, but check (v) all programs below from which you received assistance in 2017:		Office Use ONLY	
Untaxed Social Security including SSI (FAFSA Line 97)	“Welfare” (TANF) (FAFSA Line 100)	97 ____	100 ____
Food stamps (SNAP) (FAFSA Line 98)	WIC benefits (FAFSA Line 101)	98 ____	101 ____
Free/Reduced Price School Lunch program (FAFSA Line 99)		99 ____	

IF TOTAL EXPENSES WERE GREATER THAN INCOME RECEIVED IN 2017: Please explain how you were able to pay your expenses/support your family. If you need more room write on the back of this form.

I hereby affirm that the above information is correct and true to the best of my knowledge.

Student Signature _____ Date _____

Office use only: Date Entered: _____ Initials: _____
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