



2020-21 ZERO OR LOW INCOME STATEMENT – PARENT(S) OF DEPENDENT STUDENT

CONTACT: ZeroIncP

Instructions: You have reported on your student's FAFSA that you had no income from wages, self-employment or any public assistance programs in 2018. 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 family's expenses in 2018. Complete and return to the Office of Student Financial Planning via fax to 785-404-1485, 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# _____

TOTAL EXPENSES IN 2018: (Please list your family expenses in 2018.)

Column A	Column B	Column C	Column D
Expense	Amount Paid 2018	Expense	Amount Paid 2018
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 2018:		Total of Column B plus Total of Column D	\$

TOTAL INCOME RECEIVED IN 2018: Please list annual amounts from all sources, and earnings for 1) the parent reported on the FAFSA or 2) both parents, if in a two parent household.) *Leave no blanks; enter zeros if not received from that source in 2018.*

Office Use Only:		Amount Received in 2018
88	Wages: Parent 1 (Instruction: Attach a copy of a W-2 Forms received for 2018 for this parent.)	\$
89	Parent 2 (Instruction: Attach a copy of a W-2 Forms received for 2018 for this parent.)	\$
94c	Child support received	\$
94g	Housing, food, other living allowances for military, clergy, and others (include cash)	\$
94g	Veteran's non-educational benefits, e.g. Death Pension, Dependency, Indemnity etc.	\$
94i	Other Untaxed Income not reported on tax return: (e.g. Disability Benefits	\$
94i	Worker's Compensation (payments and cash value of benefits)	\$
Total 94i	Any other untaxed income and benefits such as Black Lung benefits, etc.	\$
TOTAL INCOME RECEIVED IN 2018		\$

Do not report dollar amounts on FAFSA, but check (v) all programs below from which you received assistance in 2018:				Office Use ONLY	
Untaxed Social Security including SSI	(FAFSA Line 75)	"Welfare" (TANF)	(FAFSA Line 78)	75 ____	78 ____
Food stamps (SNAP)	(FAFSA Line 76)	WIC benefits	(FAFSA Line 79)	76 ____	79 ____
Free/Reduced Price School Lunch program	(FAFSA Line 77)			77 ____	

IF TOTAL EXPENSES (Above) WERE GREATER THAN INCOME RECEIVED (above) IN 2018: Please explain how you were able to pay your expenses and support your family.

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

PARENT

SIGNATURE _____ DATE _____

Office Use Only: ZeroIncP Dt _____ Initials _____
