



2009 - 2010 LOW INCOME FORM

An unusually low or zero income was reported on your FAFSA, and you did not report that you or someone in your household received benefits in 2007 or 2008 from any of the federal programs listed on the FAFSA (SSI, Food Stamps, Free or Reduced Price School Lunch, TANF, or WIC). Before aid eligibility can be determined, please help us clarify your household situation to make certain the FAFSA questions were correctly answered. In the column indicated below please provide **monthly amount** received or paid on your behalf.

STUDENT (& SPOUSE IF MARRIED)	MONTHLY INCOME FOR 2008	PARENT(S)
\$	Employment and Odd Jobs (List source below.)	\$
\$	Transitional Employment Assistance (TEA)	\$
\$	Food Stamps	\$
\$	Local, State or Federal Housing Allowance	\$
\$	Cash Support from All Sources	\$
\$	Child Support Received	\$
\$	School Financial Aid Received (at schools other than UAM)	\$
\$	Other Income (Please explain below.)	\$
\$	TOTAL MONTHLY INCOME	\$

STUDENT (& SPOUSE IF MARRIED)	MONTHLY EXPENSES FOR 2008	PARENT(S)
\$	Housing	\$
\$	Food	\$
\$	Utilities	\$
\$	Personal Expenses	\$
\$	Transportation Expenses (car payment, insurance, gas, repairs)	\$
\$	Other Expenses (Please explain below.)	\$
\$	TOTAL MONTHLY EXPENSES	\$

If some of your expenses or living costs were paid or given to you by someone else, a government agency or some other source, please explain on the lines below so we can document it properly in the student's financial aid file. Many types of assistance do not have to be reported on the FAFSA. When these types of assistance are present, it is very helpful for this information to be shown in our aid files. Thank you for clarifying your income and expenses for 2008.

By signing this form, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **WARNING:** If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Signature:	Parent's Signature:
Student's Printed Name:	Parent's Printed Name:
Student's IDN or SSN:	Date Signed:

The Financial Aid Office reserves the right to request additional documents if needed to confirm the data submitted on your FAFSA. PLEASE MAKE SURE THE STUDENT'S NAME & SOCIAL SECURITY NUMBER &/OR UAM ID NUMBER ARE ON ALL DOCUMENTS.

RETURN COMPLETED FORM TO: UAM Financial Aid Office, P. O. Box 3470, Monticello, AR 71656
Phone: (870) 460-1050 or 1-800-226-2643 Fax#: (870) 460-1450