



2022-2023 Dependent Low Income Worksheet

Financial Aid Office
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Jacksonville, NC 28546-6816
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Email: finaid@coastalcarolina.edu

The income reported for you and/or your parents on your 2022-2023 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please provide information below about any other resources, benefits, and other amounts received by the student and any members of the student's household.

Student Information

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Student's Social Security Number _____

Email Address _____ Student's Date of Birth _____

Federal Benefits

In 2020 or 2021, did your parent(s) or anyone in your parent's household receive any of the following federal benefits? Check all that apply or check None of the above.

<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	SSI (Supplemental Security Income)
<input type="checkbox"/>	SNAP (formerly known as food stamps)- Supplemental Nutrition Assistance Program
<input type="checkbox"/>	Free or Reduced-Price School Lunch
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
<input type="checkbox"/>	None of the above

Annual Income / Resources

Please list the amount received in 2020 from the listed resources below. If any item does not apply, enter "N/A" or write "0" where an amount is requested.

	Parent 1	Parent 2
Income from work (gross amount)		
Unemployment Benefits		
Social Security Benefits		
Child Support Received		
Food Stamps		
Public Assistance/Subsidized Housing Income		
Workers' Compensation		
Veterans Disability		
Veterans Educational Benefits		
Support Received from Relatives/Friends		

Total Number of People Living in Home in 2020: _____

Monthly Expenses in 2020

Mortgage / rent payment **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ House is paid off
_____ Allowed to live in someone's residence for free

Electric **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ included in rent
_____ Allowed to live in someone's residence for free

Water **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ Included in rent / well water
_____ Allowed to live in someone's residence for free

Cell phone / cable / internet **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ Allowed to live in someone's residence for free

Groceries / food **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ Food stamps
_____ Allowed to live in someone's residence and eat their food

Car payment / insurance **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ Allowed to use someone else's car

Child care expenses **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ given free services from _____

Health insurance **per month:** \$ _____

- Who paid? _____ Parent(s)
_____ Bill in parent(s) name but someone else give money to pay
_____ No insurance
_____ given free services from _____

Certification and Signatures

I/We certify that all of the information reported on this worksheet is complete and correct. The student and one parent must sign and date this worksheet.

Student Signature Date

Parent Signature Date

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.