

2023-2024 Dependent Low-Income Worksheet

Financial Aid Office 444 Western Blvd Jacksonville, NC 28546-6816 Fax: 910-455-2767

Email: finaid@coastalcarolina.edu

The income reported for you and/or your parents on your 2023-2024 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 St | | Student's M.I. | Student's So | Student's Social Security Number | | | |
| Email Address | | | Student's D | Student's Date of Birth | | | |
| Feder | al Benefits | | | | | | |
| | | parent(s) or anyone in your paren eck None of the above. | t's household recei | ve any of the fo | ollowing federal benefits? | | |
| Medicaid | | | | | | | |
| SS | SSI (Supplemental Security Income) | | | | | | |
| SN | SNAP (formerly known as food stamps)- Supplemental Nutrition Assistance Program | | | | | | |
| Fre | Free or Reduced-Price School Lunch | | | | | | |
| ТА | TANF (Temporary Assistance for Needy Families) | | | | | | |
| Spe | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | | | | | | |
| No | None of the above | | | | | | |
| Annual Income / Resources | | | | | | | |
| Please list the amount received in 2021 from the listed resources below. If any item does not apply, enter "N/A" or write "0" where an amount is requested. | | | where | arent 1 | Parent 2 | | |
| Income from work (gross amount) | | | | | | | |
| Unemployment Benefits | | | | | | | |
| Social Se | ecurity Benefits | | | | | | |
| Child Support Received | | | | | | | |
| Food Stamps | | | | | | | |
| Public Assistance/Subsidized Housing Income | | | | | | | |
| Workers' Compensation | | | | | | | |
| Veterans Disability | | | | | | | |
| Veterans Educational Benefits | | | | | | | |
| Support Received from Relatives/Friends | | | | | | | |
| | | | | | | | |

Monthly Expenses in 2021

| 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: | \$ | | | |
| | _ 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? | | | | |
| • | _ Fail 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 | | | |
| C. W. alica and J. alica de J. instance de la companie | | | | |
| Cell phone / cable / internet per mont | | | | |
| Who paid? | | | | |
| | _ 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? | | | | |
| | _ 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? | | | | |
| | _ Bill in parent(s) name but someone else give money to pay | | | |
| | _ Allowed to use someone else's car | | | |
| Child care expenses nor month: | ¢ | | | |
| Child care expenses per month : | \$ | | | |
| Who paid? | _ Parent(s) _ Bill in parent(s) name but someone else give money to pay | | | |
| | _ Bill in parent(s) name but someone else give money to pay _ given free services from | | | |
| | | | | |
| Health insurance per month : | \$ | | | |
| Who paid? | | | | |
| | _ Bill in parent(s) name but someone else give money to pay | | | |
| | _ No insurance | | | |
| | given free services from | | | |
| Certification and Signatures | | | | |
| • | | | | |
| - | on reported on this worksheet is complete and correct. The | e student and one parent | | |
| must sign and date this worksheet. | | | | |
| | | WARNING: | | |
| Student Signature | Date | If you purposely give | | |
| 3 | | false or misleading information on this | | |
| | | worksheet, you may be | | |
| Parent Signature | Date | fined, be sentenced to jail, or both. | | |
| | 2 3.13 | juli, or both. | | |