



2024-2025 Dependent Student Low Income Form

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 2024-2025 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 Received

In 2022 or 2023, 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"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Free or reduced-price school lunch
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	Federal housing assistance
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	Earned income credit (EIC)
<input type="checkbox"/>	Refundable credit for coverage under a qualified health plan (QHP)
<input type="checkbox"/>	None of these apply.

Annual Income / Resources

Please list the amount received in 2022 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		

Monthly Expenses in 2022

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

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature

Date

Parent Signature

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.