

FINANCIAL AID OFFICE

518 W. Locust Street • Davenport, Iowa 52803 563/333-5775 • fax 563/333-5818

2024-25 Low Income Form

Return this completed form to St. Ambrose University, Financial Aid Office 518 W. Locust Street, Davenport, IA 52803

Student Information

Name			Last			First			Middle Initia		SAU	J studer	nt ID#					
Phone	·																	
After	*eviewing	NOU.	EAESA	information	the	household	income	TOU	reported	for	WOUL.	family	0000000	monenally	1000	Dleace	cupoly	+hc

After reviewing your FAFSA information, the household income you reported for your family appears unusually low. Please supply the information below to provide a better understanding of 2022 income and expenses. Complete this form to provide information that explains how you and your spouse OR your parent(s) (for dependent students) were able to live and support the family in 2022. PLEASE DO NOT LEAVE BLANKS: If an item does not apply to you, enter "-0-"or "N/A". While it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54(a)(5), 34 CFR 668.60(d).

Income From Work/Other Calendar Year 2022

Did anyone in the household receive income from working or from other sources in 2022? (Submit supporting documentation, if applicable)

Source of Income	Amount Received During 2022	Name of person who received this income.	Relationship To Student (self, parent, etc.)
a. Earnings from work (submit copies of all W2's, 1099's, etc.)			
b. Unemployment Compensation (submit 1099-G)			
c. Child Support d. Alimony			
e. Financial Aid -in excess of school expenses f. Other:			

Public Assistance Calendar Year 2022

Did anyone in the household receive any of the following types of public assistance in 2022? (Submit supporting documentation, if applicable)

Type of Benefit	Amount Received During 2022	Name of person who received this income.	Relationship to Student (self, parent, etc.)
a. SSI of Social Security			
b. AFDC/TANF			
c. Food Stamps/SNAP			
d. WIC			
e. Free/Reduced Price Lunch			
f. Subsidized Housing			
(HUD, Section 8, etc.)			

Money Provided on Your Behalf Calendar Year 2022

If you (and your spouse **OR** parents) were not employed and did not receive any untaxed income during 2022, but lived with individuals who provided support, you must indicate a dollar value to assess that support. *To do this, you will need to discuss the monthly expenses with the head of the household.* **PLEASE DO NOT LEAVE BLANKS:** if an item does not apply to you, enter "N/A".

Type of Expense	Monthly Amount	Name of Individual who pays this expense	Relationship to student (self, parent, etc.)
a. Housing (rent/mortgage)			
b. Utilities (electric, gas, water)			
c. Food			
d. Phone, Internet, cable			
e. Medical, Dental			
f. Child Care			
g. Auto (car payment, insurance, maintenance, etc.)			
h. Transportation (gas, bus ticket, etc.)			
i. Personal (clothes, credit cards, personal hygiene items, etc.)			
j. Other:			
TOTAL MONTHLY EXPENSES			
How many months did you reside in the ls your name on the mortgage/lease at		?Yes No	
How many adults (over the age of 18)	lived in the household in	2022?	
Certification			
By signing this form, I (we) certify that all treturn this completed form to the St. Ambr			ent, your parent must sign. Please
Student signature			Date
Parent signature			Date