

2018 – 2019 Low Income Form

** PLEASE COMPLETE USING BLACK OR BLUE INK ONLY! **

Clarification is needed to ensure that you are being considered for the maximum amount of financial aid available. For a household of your size, the income you provided on your FAFSA for the 2016 tax year appears to be insufficient to support you and/or your family. By Federal guidelines our office is required to collect additional information to verify your 2016 income, and determine how you lived on that income for the year. Please complete <u>BOTH</u> pages of this form.

Name:				HGTC Student ID:	Phone:	
•	Last name	First name	MI		-	

Indicate total <u>YEARLY</u> income amounts earned or received by student (and spouse if applicable) and/or Parent(s) for January 1, 2016 to December 31, 2016. Please complete all entries, indicating "0" or "n/a" where appropriate.

Source	Student/Spouse		Parent(s)	
			(if student is dependent)	
All 2016 Work Income (Submit ALL W-2 Forms)	\$ Per Y	ear \$	Per Year	
Social Security Benefits (include benefits for all members of the household) (Submit Statement/s)	\$ Per Y	ear \$	Per Year	
AFDC/TANF/HUD Subsidized Housing Program (Submit Yearly Statement/s)	\$ Per Y	ear \$	Per Year	
Food Stamps (Submit SNAP Verification Worksheet)	\$ Per Y	ear \$	Per Year	
Child Support Received for all Dependent Children	\$ Per Y	ear \$	Per Year	
Alimony	\$ Per Y	ear \$	Per Year	
Unemployment	\$ Per Y	ear \$	Per Year	
Workers Compensation	\$ Per Y	ear \$	Per Year	
Veterans non-educational benefits	\$ Per Y		Per Year	
Money received – Cash given to you or bills paid for you by others (ex: if a third party is paying your electric bill that is in your name or if a third party gives you money for living expenses)	\$ Per Y		Per Year	
on page 2, please provide the name and relationship of the person who gave you the money				
Excess financial aid (i.e. loans, grants, scholarships)	\$ Per Y	ear \$	Per Year	

If you received any other form of assistance \underline{OR} none of the above apply to you (or your parent(s) if you are a dependent student), please provide a statement explaining how you (or your parent(s) if you are a dependent student) were able to meet your housing, food, clothing, transportation and other living expenses during the 2016 year, on page 2.

(Please Print)			
that I (we) have not knowingly provided found to have knowingly or intentionally and State student aid will be jeopardized	any false statements or fraudulent do given false or fraudulent statements a vidence of fraud must be reported to	g my documentation, is true and complete. cumentation. I (we) understand that if I (we) understand that if I (we) and/or documentation, my (our) eligibility the U.S. Department of Education for possy the United States Attorney's Office.	ve) am (are) for Federal
Student's Signature	Date	H#	
Parent's Signature		Date	

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