



2019 – 2020 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 2017 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 2017 income, and determine how you lived on that income for the year. Please complete BOTH pages of this form.

Name: _____ HGTC Student ID: _____ Phone: _____
Last name First name MI

Indicate total YEARLY income amounts earned or received by student (and spouse if applicable) and/or Parent(s) for January 1, 2017 to December 31, 2017. Please complete all entries, indicating "0" or "n/a" where appropriate.

Source	Student/Spouse	Parent(s) <small>(if student is dependent)</small>
All 2017 Work Income (Submit ALL W-2 Forms)	\$ Per Year	\$ Per Year
Social Security Benefits (include benefits for all members of the household) (Submit Statement/s)	\$ Per Year	\$ Per Year
AFDC/TANF/HUD Subsidized Housing Program (Submit Yearly Statement/s)	\$ Per Year	\$ Per Year
Food Stamps (Submit SNAP Verification Worksheet)	\$ Per Year	\$ Per Year
Child Support Received for all Dependent Children	\$ Per Year	\$ Per Year
Alimony	\$ Per Year	\$ Per Year
Unemployment	\$ Per Year	\$ Per Year
Workers Compensation	\$ Per Year	\$ Per Year
Veterans non-educational benefits	\$ Per Year	\$ 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) **on page 2, please provide the name and relationship of the person who gave you the money**	\$ Per Year	\$ Per Year
Excess financial aid (i.e. loans, grants, scholarships)	\$ Per Year	\$ Per Year

If you received any other form of assistance 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 2017 year, on page 2.

(Please Print)

I (we) hereby certify that all information contained in this document, including my documentation, is true and complete. I (we) affirm that I (we) have not knowingly provided any false statements or fraudulent documentation. I (we) understand that if I (we) am (are) found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my (our) eligibility for Federal and State student aid will be jeopardized.

Note: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education, for possible investigation by the Office of the Inspector General, and possible prosecution by the United States Attorney’s Office.

Student’s Signature _____ Date _____ H# _____

Parent’s Signature _____ Date _____

*Horry-Georgetown Technical College
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