



FINANCIAL AID SERVICES

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2021-2022 LOW INCOME FORM – STUDENT

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____@warhawks.ulm.edu DOB: _____ Phone #: () _____

This information is being requested because your income reported on the FAFSA appears unusually low. Federal regulations require ULM to verify how you funded your living expenses for 2019.

2019 Expenses	Monthly Amount
Rent/Mortgage	\$
Utilities	\$
Food	\$
Insurance (car, medical, etc.)	\$
Other personal expenses	\$
Monthly Total:	\$

2019 Income Sources (include spouse income, if applicable)	Monthly Amount
Earnings/Wages	\$
Unemployment/Worker’s compensation	\$
IRA/Pension distributions	\$
Alimony received	\$
Child support received	\$
Social Security benefits (including retirement, disability, survivor and SSI)	\$
Disability (other than social security)	\$
Welfare benefits (SNAP, housing, etc.)	\$
Veteran non-education benefits (including disability, death pension, DIC and VA work study)	\$
Money received or paid on your behalf (e.g. bills, rent, food)	\$
Other (explain source below)	\$
Monthly Total:	\$

Please explain in detail any other expenses and other income below.

Certification and Signature:

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. **WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.** All signatures must be handwritten. Electronic signatures cannot be accepted.

Student signature

Student Printed Name

Date