

STUDENT LOW INCOME CLARIFICATION
2017-2018

Student Name (please print)

Student Social Security Number or ID#

In reviewing your financial aid application, the family income appears unusually low. Please supply the information below to provide a better understanding of the family's **2015 income** and expenses.

Since your income was zero, please check **ONLY** the source(s) of income, benefits, or support provided by others in **2015**:

DO NOT MARK ITEMS BELOW IF YOU DON'T HAVE SUPPORTING DOCUMENTATION!

Additional information will be required if source of payments are not justified.

- _____ Housing Assistance
- _____ Utility Assistance
- _____ SNAP
- _____ Unemployment
- _____ Social Security Benefits/Supplemental Security Income (SSI)/Disability
- _____ TNAF
- _____ Child Support
- _____ Veterans Benefits
- _____ Lived with Parents
- _____ Other - List and/or explain any benefits you received not listed above. If you received none of the benefits listed above, you **MUST** give more information here to explain how you handled day-to-day living expenses for you and your family.

Signature and Certification Statement

I (we) certify that all information provided is complete and correct and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program. I understand that if I give false or misleading information on this form, that I may be fined, be sentenced to jail, or both. I understand I can't change or resubmit this form once it is received by the STI Financial Aid Office.

Student Signature

Date

RETURN COMPLETED FORM TO:

Mail to:
Financial Aid Office
Southeast Technical Institute
2320 N Career Ave
Sioux Falls, SD 57107

Fax To:
605-367-5980

Scan and email to:
financialaid@southeasttech.edu