University of South Carolina Beaufort
Financial Aid/Veterans Affairs Office
801 Carteret Street ♦ Beaufort, SC 29902
Office: 843-521-3104 ♦ **Fax:** 843-521-3194♦ www.uscb.edu
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2020-2021 Low Income Clarification Form for Student/Spouse

Last Name _____ First Name _____ Middle Name _____ Student VIP ID _____

Student's Email Address _____ Telephone Number _____

The income reported on your Free Application for Federal Student Aid (FAFSA) does not seem sufficient to have supported your family/self during the previous year. Please indicate how your living expenses were met during the 2018 calendar year. This form must be completed and signed. **For your protection, please remove all personally identifiable information (PII) such as: SSN, date of birth and driver's license number from your documents prior to submitting them. Also, please include the student's name and VIP ID on all documents.**

Source of Money January 2018 - December 2018	**Monthly Amount**	**Number of months money received (1-12)**	**Annual Amount Jan - Dec 2018**
Income from work (Gross)	$		$
Unemployment	$		$
Child Support Received	$		$
Disability	$		$
Vocational Rehabilitation	$		$
Social Security Benefits	$		$
AFDC	$		$
Earned Income Credit	$		$
Housing Allowance	$		$
Other:	$		$
		Total:	$

If you lived with someone who supported you, and/or if you received support other than money, please explain. (Use a separate sheet if additional space is needed)

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If your income was not enough to pay rent/mortgage, food, utilities and other expenses, please explain how these expenses were met. (Use a separate sheet if additional space is needed)

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By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student's Signature _____ Date _____ Spouse's Signature (optional) _____ Date _____