

## **University of South Carolina Beaufort**

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

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## 2023-2024 Low Income Clarification Form for Student/Spouse

Last Name		First Name	Middle Name		Student VIP ID	
The in suppo 2021 c	t's Email Address come reported on your Fr rted your family/self during calendar year. This form mu	g the previous yea est be completed a	r. Please indic nd signed. <b>Fo</b>	ate how your living exp o <mark>r your protection, ple</mark> a	penses were met du <mark>ase remove all pers</mark> e	uring the <mark>onally</mark>
	fiable information (PII) sudmitting them. Also, please					nts prior
	Source of M January 2021 - Dec	oney	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2021	
	Income from work (Gros	s)	\$		\$	
	Unemployment		\$		\$	
	Child Support Received		\$		\$	7
	Disability		\$		\$	
	Vocational Rehabilitation	l	\$		\$	7
	Social Security Benefits		\$		\$	
	TANF		\$		\$	
	Earned Income Credit		\$		\$	
	Housing Allowance		\$		\$	-
	Other:		\$		\$	-
				Total:	\$	-
-	lived with someone who su separate sheet if additiona		-	ived support other tha	n money, please ex	plain. 
-	income was not enough to ses were met. (Use a separ		_		s, please explain hov	w these
false o	ning this document, I certify or misleading information o e fined, sentenced to jail, o	n this document, i				
 Student	's Signature	 Date		Spouse's Signature (	optional) [	Date