



**SOUTHWESTERN OREGON COMMUNITY COLLEGE
FINANCIAL AID OFFICE**

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www.socc.edu/serv_resrc/faweb2

LOW INCOME DOCUMENTATION FORM

The income information on your FAFSA (Free Application for Federal Student Aid) indicated that you and/or your parent had an unusually low income for the prior year. Please indicate on this form how you and/or your parent supported yourself during the time period covered on the FAFSA. **Amounts may not be ZERO.**

Please mark the option(s) that apply:

I and/or my parent(s) worked in exchange for support.
Amount received per Month: _____ Number of Months: _____

I and/or my parent(s) received cash support from, an individual, paid to me, or on my behalf, for food, housing or other living expenses.
Amount received per Month: _____ Number of Months: _____

(Report any cash support received. Also report any money paid to someone else on your behalf. Example: if a friend or relative pays bills that are in your name, you report that amount.)

I and/or my parent(s) received in-kind support from an individual.
(In kind support is other than money, for example, friends or relatives giving you food or letting you live rent-free. If you received in-kind support your cost of attendance may be reduced to reflect receipt of this benefit. **Do not include:** Food Stamps, WIC, Low-Income Housing or Foster care amounts)

If none of the above applies, please explain:

Student Signature

Student ID# or SSN

Date

Parent Signature (if applicable)

Date