



SOUTHWESTERN OREGON COMMUNITY COLLEGE
FINANCIAL AID OFFICE

1988 NEWMARK • COOS BAY OR 97420-2912 • (541) 888-7337 • 1-800-962-2838 ext. 7337
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 unusually low income for the prior year. Please indicate on this form how you and/or your parent survived 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, 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).

I was incarcerated during the time covered on the FAFSA.
Month and Year Entered Incarceration: _____ Month and Year Exited Incarceration: _____

If none of the above applies, please explain:

Student Signature

Student ID# or SSN

Date

Parent Signature (if applicable)

Date