

University of South Carolina Beaufort

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

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2025-2026 Low Income Clarification Form for Parent/Stepparent

		Student's Informat	ion	
Last Name	First Name	Middle Name	Student VIP I	D
Student's Email Address			Telephone Number	
		Parent's Information	on	
supported the family during year. This form must be dentifiable information (PII	orted on your student's Freng the previous year. Parent completed and signed by be such as: SSN, date of birth and VIP ID on all documents.	c(s), please indicate ho both the student and	ow your living expenses we a parent. <mark>For your prote</mark>	ere met during the 2023 ca ction, please remove all pe
	Source of Money 2023 - December 2023	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2023
Income from wo	rk (Gross)	\$		\$
Unemployment	. ,	\$		\$
Child Support Re	eceived	\$		\$
Disability		\$		\$
Vocational Reha	bilitation	\$		\$
Social Security B	enefits	\$		\$
AFDC		\$		\$
Earned Income (Credit	\$		\$
Housing Allowar	ice	\$		\$
Other:		\$		\$
			Total:	\$
Parent(s), if you lived with eparate sheet if addition	n someone who supported y al space is needed)	ou, and/or if you rece	vived support other than r	money, please explain. (Us
expenses were met. <mark>If you</mark>	was not enough to pay rent/ I received federal aid/benef Is needed)			
expenses were met. If you sheet if additional space is By signing this document,	received federal aid/benef	its, please include any	relevant documents with	n this form. (Use a separat oosely give false or mislead
Student's Signature			nt's Signature (Required)	