

University of South Carolina Beaufort

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

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2026-2027 Low Income Clarification Form for Parent/Stepparent

		Student's Informati	ion		
Last Name	First Name	Middle Name	Student VIP I	D	
Student's Email Address			Telephone N	Telephone Number	
		Parent's Information	on		
supported the family di year. This form must b identifiable information (eported on your student's Free uring the previous year. Parent(be completed and signed by book as: SSN, date of birth and the and VIP ID on all documents.	s), please indicate hoth the student and	ow your living expenses value of the living e	were met during the 2024 ca ction, please remove all perso	
Janua	Source of Money ary 2024 - December 2024	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2024	
Income from v	vork (Gross)	\$		\$	
Unemploymen	nt	\$		\$	
Child Support	Received	\$		\$	
Disability		\$		\$	
Vocational Re	habilitation	\$		\$	
Social Security	Benefits	\$		\$	
AFDC		\$		\$	
Earned Incom	e Credit	\$		\$	
Housing Allow	ance	\$		\$	
Other:		\$		\$	
			Total:	\$	
Parent(s), if you lived we separate sheet if addition	ith someone who supported you onal space is needed)	u, and/or if you rece	ived support other than r	money, please explain. (Use a	
	e was not enough to pay rent/moureceived federal aid/benefits e is needed)				
	nt, I certify that all the informations and the informations are the second in the cause for deniant the second in	•			
 Student's Signature	 Date	Pare	nt's Signature (Required)	 Date	