

University of South Carolina Beaufort

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

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2024-2025 Low Income Clarification Form for Parent/Stepparent

	Student's Informati	ion	
ast Name First Name	Middle Name	Student VIP I	D
Student's Email Address		Telephone N	umber
	Parent's Information	on	
The parent(s) income reported on your student's Fr supported the family during the previous year. P calendar year. This form must be completed and sign dentifiable information (PII) such as: SSN, date of them. Also, please include the student's name and	arent(s), please indica gned by both the stud <mark>f birth and driver's lic</mark>	te how your living experent and a parent. For you ense number from your	nses were met during the <mark>ur protection, please remo</mark>
Source of Money January 2022 - December 2022	Monthly Amount	Number of months money received (1-12)	Annual Amount Jan - Dec 2022
Income from work (Gross)	\$		\$
Unemployment	\$		\$
Child Support Received	\$		\$
Disability	\$		\$
Vocational Rehabilitation	\$		\$
Social Security Benefits	\$		\$
AFDC	\$		\$
Earned Income Credit	\$		\$
Housing Allowance	\$		\$
Other:	\$		\$
		Total:	\$
Other: Parent(s), if you lived with someone who supported separate sheet if additional space is needed)			\$
Parent(s), if your income was not enough to pay renexpenses were met. (Use a separate sheet if addition		ies and other expenses, p	please explain how these
By signing this document, I certify that all the inform nformation on this document, it will be cause for depoth.			
tudent's Signature Date		nt's Signature (Required)	 Date