



University of South Carolina Beaufort
 Financial Aid/Veterans Affairs Office
 801 Carteret Street ♦ Beaufort, SC 29902
Office: 843-521-3104 ♦ **Fax:** 843-521-3194 ♦ www.uscb.edu
Email: uscbfina@uscb.edu

2024-2025 Low Income Clarification Form for Student/Spouse

 Last Name First Name Middle Name Student VIP ID

 Student's Email Address Telephone Number

The income reported on your Free Application for Federal Student Aid (FAFSA) does not seem sufficient to have supported your family/self during the previous year. Please indicate how your living expenses were met during the 2022 calendar year. This form must be completed and signed. **For your protection, please remove all personally identifiable information (PII) such as: SSN, date of birth and driver's license number from your documents prior to submitting them. Also, please include the student's name and VIP ID on all documents.**

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	\$		\$
TANF	\$		\$
Earned Income Credit	\$		\$
Housing Allowance	\$		\$
Other:	\$		\$
		Total:	\$

If you lived with someone who supported you, and/or if you received support other than money, please explain.
 (Use a separate sheet if additional space is needed)

If your income was not enough to pay rent/mortgage, food, utilities and other expenses, please explain how these expenses were met. (Use a separate sheet if additional space is needed)

By signing this document, I certify that all the information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

 Student's Signature Date

 Spouse's Signature (optional) Date