



Financial Aid
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2017-2018 Low Income Form

Student's Name _____ **Student's ID#** _____

The income reported on your 2017-18 FAFSA (from calendar year 2015) appears to be insufficient to support the number of people reported in your/your parent(s) household. Please complete this form to clarify how your family was able to provide for essential needs such as housing, food, clothing, etc.

Student/Spouse, (if married) Your Parent(s) All information reported on this form will be for the person(s) checked here.

Using the chart below, list the 2015 annual expenses for the person checked above (you/your spouse OR your parent(s)).

You will need to indicate the yearly expense and who paid that expense. **The basic rule is: if someone pays a cost the student is obligated to pay, the amount counts as cash support.** If the above person paid all of the yearly expense, leave the last column blank, and, if the above person and a third party split the expense, the amount that was received from the third party should be indicated in the last column. **If the chart is left blank or lists all "\$0's", this form will be returned for completion and the processing of your financial aid will be delayed.** Please carefully review the examples below to properly report your information!

2015 Living Expense for Person Checked Above	Annual Expense	Who provided the assistance? (i.e. social services, HUD, friend, relative, significant other, parents, etc.)	Amount of Assistance Received from a Third Party
<i>EXAMPLE – Housing</i>	\$ 12000	<i>Self/Student</i>	\$0
<i>EXAMPLE – Insurance</i>	\$ 6000	<i>Parents & Student</i>	\$3000
Housing (rent or mortgage)	\$		
Child care	\$		
Utilities (heat, electricity, phone, etc.)	\$		
Insurance (health, life, car, renter's, home, etc.)	\$		
Medical/dental (Medicaid, enter \$0)	\$		
Transportation (bus, car, gas, subway, etc.)	\$		
Food	\$		
Clothing/Other personal expenses	\$		
TOTAL:	\$		

Use the space below if you would like to explain your situation further:

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____
 (If Dependent Student)