



# STUDENT LOW INCOME CLARIFICATION 2023-2024

Student Name (please print)

Student Social Security Number or ID#

In reviewing your financial aid application, the family income appears unusually low. Please supply the information below to provide a better understanding of the family's **2021 income** and expenses.

Since your income was zero, please check ONLY the source(s) of income, benefits, or support provided by others in **2021**:

**DO NOT MARK ITEMS BELOW IF YOU DON'T HAVE SUPPORTING DOCUMENTATION!**

**Additional information will be required if source of payments are not justified.**

- Housing Assistance
- Utility Assistance
- SNAP
- Unemployment
- Social Security Benefits/Supplemental Security Income (SSI)/ Disability
- TNAF
- Child Support
- Veterans Benefits
- Lived with Parents
- Other - List and/or explain any benefits you received not listed above. If you received none of the benefits listed above, you MUST provide detailed information here to explain how you handled day-to-day living expenses for you and your family.

**Signature and Certification Statement**

I (we) certify that all information provided is complete and correct and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program. I understand that if I give false or misleading information on this form, that I may be fined, be sentenced to jail, or both. I understand I can't change or resubmit this form once it is received by the STC Financial Aid Office.

Student Signature

Date

RETURN COMPLETED FORM TO:

**Mail to:**  
Financial Aid  
Southeast Technical College  
2320 N Career Ave  
Sioux Falls, SD 57107

**Fax to:**  
605-367-8305

**Scan and email to:**  
financialaid@southeasttech.edu