

PARENT LOW INCOME CLARIFICATION
2017-2018

Parent Name (please print)

Parent Social Security Number

Student Name (please print)

Student Social Security Number

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 **2015 income** and expenses.

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

Since your income was zero, please check ONLY the source(s) of income, benefits, or support provided by others in **2015**:

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 (Non-Educational)

_____ Other - List and/or explain any benefits you received not listed above. If you received none of the benefits listed above, you **MUST** give more information here to explain how you handled day-to-day living expenses for you and your family.

Signature and Certification Statement

I 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 STI Financial Aid Office.

Parent Signature

Date

RETURN COMPLETED FORM TO:

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

Fax To:
605-367-5980

Scan and email to:
financialaid@southeasttech.edu