

Return to:
Ohlone College
 Financial Aid Office
 Building 7, 2nd Floor
 43600 Mission Blvd.
 Fremont, CA 94539
 510-659-7309 (Fax)
 financial_aid@ohlone.edu



LOW INCOME STATEMENT

Name: _____

ID#: _____

Please explain how your expenses or your parent(s)'s expenses were met during the entire year of 2016 on little or no income as indicated on your Student Aid Report (SAR).

Independent Student	Parents (Dependent student)
<input type="checkbox"/> During 2016 I/Spouse lived with friends or relatives, and they provided free food and housing. Name: _____ Relationship: _____	<input type="checkbox"/> During 2016 I/we lived with friends or relatives, and they provided free food and housing Name: _____ Relationship: _____
<input type="checkbox"/> I/Spouse received food stamp (SNAP)/SSI/Lunch reduce/TANF/WIC/Untaxed Income Type of benefits: _____ Monthly amount: _____	<input type="checkbox"/> I/we received food stamp (SNAP)/SSI/Lunch reduce/TANF/WIC/Untaxed Income Type of benefits: _____ Monthly amount: _____
<input type="checkbox"/> Financial support paid by someone else to cover for rent and household expenses: Name: _____ Relationship: _____ Amount: _____/mo. for _____ mo. in 2016.	<input type="checkbox"/> Financial support paid by someone else to cover for rent and household expenses: Name: _____ Relationship: _____ Amount: _____/mo. for _____ mo. in 2016
<input type="checkbox"/> I and/or my spouse lived in foreign country the whole year in 2016 Country name: _____ My/our income in 2016 was _____	<input type="checkbox"/> I/We lived in foreign country the whole year in 2016 Country Name: _____ My/our income in 2016 was _____

If none of the items above applies, please explain how your family living expenses were met in 2016 with little or no income:

I hereby certify that all information reported on this form (and any attachments) is true, complete, and accurate.

 Signature (Student) Date

 Parent signature (Dependent) Date