



**FINANCIAL AID OFFICE
ONLINE**
TEL: 844-787-3834 (TOLL FREE)
AUGUSTA
TEL: 207-213-2500
CEDAR FALLS
TEL: 319-277-0220

CEDAR RAPIDS
TEL: 319-363-0481
DAVENPORT
TEL: 563-355-3500
DES MOINES
TEL: 515-727-2100

HAGERSTOWN
TEL: 301-766-3600
INDIANAPOLIS
TEL: 877-320-5430
LEWISTON
TEL: 207-333-3300

LINCOLN
TEL: 402-474-5315
MASON CITY
TEL: 641-423-2530
MILWAUKEE
TEL: 414-223-2105

OMAHA
TEL: 402-431-6100
ROCKVILLE
TEL: 301-258-3800
ST. LOUIS
TEL: 314-205-7900

2017–2018 INCOME EXPLANATION TO SUPPORT LOW INCOME

The amount of income you reported is unusually low for an individual/family to live on. You must explain how you met your expenses for 2015 and for the current year. Check the boxes below that best apply to your situation.

Select one:

I am the parent of a Dependent student.

I am an Independent student.

In 2015

Select all that apply:

I received \$_____ in Military/VA benefits for the year 2015.

I received Social Security Benefits/Medicaid

Temporary Assistance for Needy Families (TANF)

Women, Infants, and Children Program (WIC)

Supplement Nutrition Assistance Program (SNAP)

I lived with relatives (other than/my parents) and they provided my support.

I was married, supported by my spouse, and I am now separated, divorced, or widowed.

I lived with a friend, and he or she provided my support.

Other (explain living arrangements and household income; must list exact dollar amounts):

In Current Year

Select all that apply:

TANF, WIC, and/or SNAP benefits

Social Security Benefits/Medicaid

Currently employed earning \$_____ monthly

I am currently receiving \$_____ per month in Military/VA benefits.

Other (explain living arrangements and household income; must list exact dollar amounts):

Students attending Purdue University Global online must provide their original signature using blue or black ink.

Student's Name: _____ **Last Four Digits of SSN:** _____

Student Signature: _____ **Date:** _____

Parent's Name: _____

Parent's Signature: _____ **Date:** _____