



**SEATTLE
UNIVERSITY**
School of Law

Student Financial Services
Sullivan Hall
901 12th Avenue
PO Box 222000
Seattle, Washington 98122-4250
Phone: (206) 398-4250
Fax: (206) 398-4058
lawfa@seattleu.edu
www.law.seattleu.edu/financialservices

2018-19 Student Clarification of Low Income

Student Name

Student ID or last 4 digits of SSN

The 2016 income you reported on the FAFSA appears unusually low. We are obligated to request information on how you were able to support yourself (and your family, if applicable) on an income of \$_____.

Please complete the information below and return it to Student Financial Services as soon as possible. We are happy to answer any questions regarding this request.

Note: Use average monthly income or expenses when necessary

Monthly 2016 income:

Wages	\$ _____
Parent/Relative support	\$ _____
Money paid on your behalf	\$ _____
Unemployment	\$ _____
Welfare/AFDC	\$ _____
Food Stamps	\$ _____
Untaxed benefits - source: _____	\$ _____
Other - source: _____	\$ _____

Monthly 2016 expenses:

Rent/Mortgage	\$ _____
Utilities (heat, electricity, phone, water, garbage, etc.)	\$ _____
Food	\$ _____
Clothes	\$ _____
Transportation	
Car payment	\$ _____
Gas or bus fare	\$ _____
Maintenance	\$ _____
Insurance	\$ _____
Medical, Dental, Vision Insurance	\$ _____
Other not covered by insurance	\$ _____
Personal	\$ _____
Other - please specify	
_____	\$ _____
_____	\$ _____
_____	\$ _____

If INCOME is less than EXPENSES, please explain how you met your expenses:

Student's signature

Date