

Zero / Low Income Explanation Documentation and Detail Record

ZERO INCOME FORM (Rev 10/2021)

The income reported for you and/or your parents (dependent students only) on your 2022-23 Free Application for Federal Student Aid (FAFSA) appears to be insufficient to support the number of people in your household. We may require supporting documentation. Please complete this form to clarify how you and/or your parents (if dependent on the FAFSA) were able to provide for such needs as housing, food, utility bills, etc. I am reporting household benefits and resources for: Student (Independent) or Parent/Stepparent (Dependent student) Please check all that applied to you and your household in 2021: received Public Assistance/Subsidized Housing Income and/or Supplemental Security Income (SSI) I received Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps received Temporary Assistance for Needy Families (TANF) or Special Nutrition Program for Women, Infants and Children (WIC) received Child Support received Unemployment or Disability Benefits received Unemployment or Disability Benefits received une-educational Veteran Benefits received with another person (or persons) who supported me received non-educational Veteran Benefits was incarcerated was homeless and/or lived in a shelter Other (please use the space below to explain) COMMENTS/EXPLANATION (if more space is needed, please use the back of this form):	Student Name:		
Student (Independent) or Parent/Stepparent (Dependent student) Please check all that applied to you and your household in 2021: I received Public Assistance/Subsidized Housing Income and/or Supplemental Security Income (SSI) I received Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps I received Temporary Assistance for Needy Families (TANF) or Special Nutrition Program for Women, Infants and Children (WIC) I received Child Support I received Social Security Benefits I received Unemployment or Disability Benefits I received benefits from the Free or Reduced Lunch program I lived with another person (or persons) who supported me I received non-educational Veteran Benefits I was incarcerated I was homeless and/or lived in a shelter Other (please use the space below to explain) COMMENTS/EXPLANATION (if more space is needed, please use the back of this form):	Application for Federal Student Aid (FA in your household. We may require supporting documentations and the statement of the	FSA) appe on. Please	complete this form to clarify how you and/or your
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	Signature:		Date:

GIA Office of Student Financial Assistance The Robert Mouawad Campus 5345 Armada Drive, MS 7 Carlsbad, California 92008 760/603-4005