

## 2023-2024 CLARIFICATION OF LOW INCOME FORM

Office of Financial Aid One Stop, Bldg. 23 18422 Bear Valley Road Victorville, CA 92395

## \*DEPENDENT STUDENT\*

nted Name:(Last)		(First)	(Initial)
udent ID #		<b>、</b>	(,
usually low. We will need addition ction below. If an item does not apudent name and VVC ID # marked o	al information to def ply to you, enter "no n them) to support y	cation for Financial Student Aid (FAFSA) termine your federal aid eligibility. <b>Pare</b> one" or "N/A". Attach additional sheets your explanations.	ent(s) please answer ea and/or document(s) (
•		Benefits Received	
Total Amount Received 2021	1	Indicate Annual Amou	
Your Income from Work	\$	Social Security Benefits*	\$
Your Spouse's Income from Work	\$	Supplemental Security Income*	\$
Business income (not reported above)	\$	AFDC/TANF*	\$
Unemployment Compensation	\$	Food Stamps*	\$
Pensions/Retirement	\$	Military Housing*	\$
Interest/Dividend Income	\$	WIC*	\$
Veterans Non-Educational Benefits	\$	Free/Reduced Lunch for Children*	\$
Child Support Received	\$	Subsidized Housing*	\$
		*Used for clarification only	
Housing Allowance (clergy)	\$		
Other-explain:	\$		
Total Amount	\$		
Attached is a copy of my/our 2021 IRS Tax Return Transcripts, and /or foreign tax return.		I/We did not file, and are not required to file a 2021 federal income tax return. Please attach W-2s if income earned.	
Data Retrieval Tool Used			
	alata ta daranta	/ou (the parent(s)) paid your living expe	ness for 2021 If you