

Student Signature and Date

2023-2024 CLARIFICATION OF LOW INCOME FORM

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

INDEPENDENT STUDENT

inted Name:		(First)	/I-:4:-I\	
(Last)		(First)	(Initial)	
udent ID #				
arried) appears unusually low. We vease answer each section below. If a	vill need addition an item does not	olication for Financial Student Aid (FAFSA) al information to determine your federal apply to you, enter "none" or "N/A". Attaon them) to support your explanations.	aid eligibility. Stud	
ction One: 2021 Income & Resource	es: Tell us how m	nuch you and your spouse (if married) earr	ned or received for	
tire year. Please answer all question	ns.			
Total Amount Received 2021		Benefits Received Indicate Annual Amount		
Your Income from Work	\$	Social Security Benefits*	\$	
Your Spouse's Income from Work	\$	Supplemental Security Income*	\$	
Business income (not reported	, ,	Supplemental Security income	, 	
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)	\$	1		
Other-explain:	\$	4		
Total Amount	\$]		
Attached is a copy of my/our 2021 IRS Tax Return Transcripts, and /or foreign tax return.		a 2021 federal income 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.	

Spouse's Signature and Date (if married)