



Office of Financial Aid
P. O. Box 1470, Hawkins, TX 75765-1470
Office (903) 730-4890 Fax (844) 429-5287
www.jarvis.edu

**2017 - 2018
Low Income/Non-Filer Form**

Student Name _____ ID# _____

You (and/or your parent) have reported an unusually low income for 2015. You (and/or your parent) must report how living expenses were covered. This would include any untaxed income, savings, or any of the other options listed below.

Please provide the total amount for the year 2015, not the amount per month, in the appropriate column listed below.

If a 2015 Tax Extension is filed you cannot use this form

	Student	Spouse	Parent
Income earned from work	_____	_____	_____
Child support	_____	_____	_____
Social Security Benefits	_____	_____	_____
Savings Account(s)	_____	_____	_____
Money received from family	_____	_____	_____
Expenses paid on your behalf by others*	_____	_____	_____

***Please indicate a dollar amount on any and all expenses paid on your behalf (i.e. housing, food, etc.)**

Other explanation:

My signature certifies that I have read this form AND support the explanation of my low income.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Required for Dependent students only)