

## 2023-2024 Low Income Form

The 2021 income reported on your 2023-2024 FAFSA appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to live based on this income and return to the Financial Aid Office by US Mail, fax, or secure upload. For questions, call 717-691-6007. Do not leave any items blank.

Last Name	First Name	M.I.	Student ID #
Student Income (annual income for	o <u>r 20_21)</u>	s) Income (annual inco	ome for 20 21)
(include spouse information if instance)  Earnings (i.e. W-2s) \$  Social Security Benefits \$  Child Support Received \$  Untaxed Pensions \$  Housing Allowances \$  Other Untaxed Income \$  Other (Identify Source):  \$  \$  \$ \$	Amount Earning Social S	Source gs (i.e. W-2s) Security Benefits upport Received d Pensions g Allowances Jntaxed Income (Identify Source):	<u>Amount</u> \$ \$ \$ \$ \$ \$ \$ \$
\$ Expenses paid by others \$ (If dependent, not from parent	s)	es paid by others 021 Income	\$\$ \$\$
Briefly explain your situation (	Please clarify how your fan	nily was able to live on this	s income.):
Sign This Form_ Each person signing this form certifies	that all the information repo	orted on this form is comple	ete and correct.
Dependent Student: Student and one p			spouse's signature is option
Student's Signature	Date Parent's	Signature or Spouse's Signa	ture Date