



**2026-2027  
Dependent Low-Income  
Worksheet**

Financial Aid Department  
Phone: 910-938-6749  
Fax: 910-938-6717  
Email: [finaid@coastalcarolina.edu](mailto:finaid@coastalcarolina.edu)

Student's Name

Student's ID Number

The income reported for you and/or your parents on your 2026-2027 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please provide information below about any other resources, benefits, and other amounts received by the student and any members of the student's household.

**Federal Benefits Received**

**In 2024 or 2025, did your parent(s) or anyone in your parent's household receive any of the following federal benefits?**

**Check all that apply or check None of the above.**

<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Free or reduced-price school lunch
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	Federal housing assistance
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/>	Earned income credit (EIC)
<input type="checkbox"/>	Refundable credit for coverage under a qualified health plan (QHP)
<input type="checkbox"/>	None of these apply.

**Annual Income / Resources**

**Please list the amount received in 2024 from the listed resources below. If any item does not apply, enter "N/A" or write "0" where an amount is requested.**

	Parent 1	Parent 2
Income from work (gross amount)		
Unemployment Benefits		
Social Security Benefits		
Child Support Received		
Food Stamps		
Public Assistance/Subsidized Housing Income		
Workers' Compensation		
Veterans Disability		
Veterans Educational Benefits		
Support Received from Relatives/Friends		

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Mortgage / rent payment **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ House is paid off  
\_\_\_\_\_ Allowed to live in someone's residence for free

Electric **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ included in rent  
\_\_\_\_\_ Allowed to live in someone's residence for free

Water **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ Included in rent / well water  
\_\_\_\_\_ Allowed to live in someone's residence for free

Cell phone / cable / internet **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ Allowed to live in someone's residence for free

Groceries / food **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ Food stamps  
\_\_\_\_\_ Allowed to live in someone's residence and eat their food

Car payment / insurance **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ Allowed to use someone else's car

Child care expenses **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ given free services from \_\_\_\_\_

Health insurance **per month in 2024:** \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ Parent(s)  
\_\_\_\_\_ Bill in parent(s) name but someone else give money to pay  
\_\_\_\_\_ No insurance  
\_\_\_\_\_ given free services from \_\_\_\_\_

**Certification and Signatures**

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
Student's Signature (Required) Date

\_\_\_\_\_  
Parent's Signature (Required) Date

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