



**2026-2027
Independent Low-Income
Worksheet**

Financial Aid Department
Phone: 910-938-6749
Fax: 910-938-6717
Email: finaid@coastalcarolina.edu

Student's Name _____

Student's ID Number _____

The income reported 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 you, the student, and any members of your household.

Federal Benefits Received	
In 2024 or 2025, did you or anyone in your 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.	Student	Spouse
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? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives money to pay
_____ House is paid off
_____ Allowed to live in someone's residence for free

Electric **per month in 2024:** \$ _____
Who paid? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives money to pay
_____ included in rent
_____ Allowed to live in someone's residence for free

Water **per month in 2024:** \$ _____
Who paid? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives 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? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives money to pay
_____ Allowed to live in someone's residence for free

Groceries / food **per month in 2024:** \$ _____
Who paid? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives 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? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives money to pay
_____ Allowed to use someone else's car

Child care expenses **per month in 2024:** \$ _____
Who paid? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives money to pay
_____ given free services from _____

Health insurance **per month in 2024:** \$ _____
Who paid? _____ Student / Spouse
_____ Bill in student / spouse name but someone else gives 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.

Student's Signature (Required) Date

Spouse's Signature (Optional) Date

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