LOW INCOME FORM for Calendar Year 2026

Student's PRINTED Name:_____ T#: _____

Student Signature:_____ **DATE**: _____

Spouse's Signature (if applicable): _____ **DATE:** _____

Parent Signature (if applicable):_____ **DATE**: _____

A review of the income you reported on your FAFSA appears to be unusually low and your worksheet did not provide enough additional information. In order to process your 2026-2027 financial aid file, please submit documentation of all income: W-2s, SIGNED copy of 2026 Federal Tax Return with schedules, most recent check stubs with a year-to-date summary, 1099's and/or a statement from the employer detailing the earnings for EACH person, based on the boxes below, for the calendar year 2024. Please include all sources of income for EACH person including child support received, SSI, TANF, and WIC, etc**.** **NOTE:** If two parents were reported on your FAFSA, the information requested below applies to BOTH parents.

Please check one of the boxes below based on how your FAFSA lists your dependency status.

- ☐ Independent- **(student information only)**
- ☐ Independent & married-**(student and spouse information)**
- ☐ Dependent- **(student and parent information)**

Please provide the following information for EACH family member (based on the box checked above) for the 2024 calendar year. You are being asked to put a dollar value (your best estimate on what it would cost if you or your family had to pay for the specific item) on each line. **Please explain any answer of zero on the back of this form.**

Type of Expense	**Whose Expense is this?**	**Monthly Amount for 2026**
Housing (Rent, Mortgage)		
Utilities (Elec, Water, Gas)		
Cable/Satellite TV		
Auto (Payments, Insur, Gas, Maint)		
Food/Groceries/ Eating Out		
Phone/ Cell Phone		
Medical/Dental Ins./Prescriptions		
Child Care		
Credit Card Payments		
Personal (Clothing, etc)		
Other (Explain)		

Student's PRINTED Name:_____ T#: _____

Please provide the following information for EACH family member (based on the box checked above) for the 2024 calendar year. If more room is needed, please attach a separate piece of paper, and include the student's name and T# on the additional page.

Type of Income	**Whose Income is this?**	**Monthly Amount for 2026**
Job(s)		
Job(s)		
Job(s)		
Job(s)		
Child Support Received		
SNAP (food stamps)		
Social Security / SSI		
AFDC		
TANF		
Families First, WIA		
Veterans Non-Educational Benefits		
Veterans Educational Benefits		
Parents / Family / Friends		
Other- Describe		
Other- Describe		
Other- Describe		

On the back of this form, please explain every item left blank or answered as $0 from the previous **EXPENSE** table. Please understand that if your family is living with someone who is paying a certain expense on your behalf that it must be counted as untaxed income, whether it is a friend, grandparent, or other. You may also provide any further explanation you would like for our office to consider.

Please return this form and any other documentation to our office.

Documents may be uploaded through Eagle Online, scanned and emailed to financialaid@tntech.edu, faxed to 931-372-6309, or Mailed to: Tennessee Tech Financial Aid Office, Campus Box 5076, Cookeville, TN 38505