



Financial Aid Office
P.O. Drawer 809
Weldon, NC 27890
252-538-4334
www.halifaxcc.edu

LOW INCOME FORM

Student's Name: _____

Student's SSN or HCC ID Number: _____

INTENDED PURPOSE

The purpose of this form is to assist the Financial Aid Office in verifying how the basic needs of your household were met during 2022 if you reported an annual income of \$3,000 or less per year and/or reported that you will not file taxes on the Free Application for Federal Student Aid (FAFSA). The income threshold described above is only for independent students or the parent(s) of dependent students.

INCOME EXPLANATION

Please indicate whether this form is being used to explain the income of the student or the parent(s).

- Student
- Parent(s)

Please check all of the boxes that apply to your situation and provide a monthly amount for each applicable category.

- Social Security Income/SS Disability Income Monthly Amount: _____
- Public Assistance/Welfare/SNAP Benefits Monthly Amount: _____
- Child Support Monthly Amount: _____

If none of the above apply to your situation and you are supported by family or friends, you need to provide an estimate of the fair market value of rent, food, and utilities that are provided for you by another person.

- Supported by Family/Friends Monthly Amount: _____

Please use this space to explain your circumstances if none of the categories above are applicable.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____