

2021-2022 Low Income Statement Federal Student Aid Programs

udent's Last Nar	ne	Stu	ıdent's First Na	me	,	Student's M	.l.	Student's A#	
ederal Poverty	Guideline	!							
								the family covered basic expenses if there is spe.hhs.gov/2019-poverty-guidelines	
	Persons in Family/Household						2019 Poverty Guideline		
	1 2			\$12,140					
			3					\$16,910 \$21,330	
Possible Source	of Incom	e/Support							
Please check any	of the foll	owing benefits	s that were rece	eived in 2019	by a m	ember of th	e FAFS	SA household	
Social Secur Disabil	ity 🗆	\$	/year	Medicaid		WIC		Child Support Received: □ \$	/year
	ity 🗆	\$	/year /year	SNAP		TANF		Household received child support for:	(Name)
									(*********)
Other Financial avings, cash ass	Resource	s: Please expl	lain what other	sources of in	icome y	ou/your ho	•	te the OTHER FINANCIAL RESOURCES sec lived on in 2019 and how much. For example	
		So	ources of Incor	ne				Amount for 2019	
						\$			
						\$			
OTHER: If none	of these ty	pes of resourc	es apply to you	ı, please prov	vide an	explanation	as to h	ow you/your household lived using reported ir	acome in 2019.
Student Signatu		endent student	t)			-		Date	

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

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