For Independent Student Reporting a Low Income 2015-2016

Student’s Name (Please Print) ___________________________ NPC ID or Social Security Number ___________________________

You reported on your 2015-2016 Free Application for Federal Student Aid (FAFSA) that you did not file a 2014 Federal Income Tax Return (1040, 1040A or 1040EZ) OR the income you reported seems unusually low. This form will show how you and/or spouse were able to support the family during the 2014 year.

<table>
<thead>
<tr>
<th>Report all income for the year 2014.</th>
<th>Monthly Income In 2014:</th>
<th>How Many Months?</th>
<th>Total Income In 2014:</th>
</tr>
</thead>
</table>

**Wages earned from work:** If you filed a 2014 Federal Income Tax return, submit a copy of your Federal IRS Tax Transcript. If you are a non-tax filer, provide the wages you and/or spouse earned.

<table>
<thead>
<tr>
<th>Benefits received:</th>
<th>Monthly Expenses Paid In 2014:</th>
<th>How Many Months?</th>
<th>Total Expenses In 2014:</th>
</tr>
</thead>
</table>

**Benefits received:** (circle benefits received) Social Security, TANF, TPEP, Unemployment, General Assistance, Child Support, Workers’ Compensation, etc.

**Other untaxed income:** (circle untaxed income received) money earned from selling jewelry, wood hauling, rug weaving, money received or paid on your behalf, etc.

**Expenses**

<table>
<thead>
<tr>
<th>Expense Items:</th>
<th>Student and/or Spouse must report all expenses for the year 2014.</th>
<th>Monthly Expenses Paid In 2014:</th>
<th>How Many Months?</th>
<th>Total Expenses In 2014:</th>
</tr>
</thead>
</table>

**Rent / Mortgage**

[ ] I did not pay for rent/mortgage. (check box)
[ ] Lived with family. [ ] Lived on family property.
[ ] Lived in shelter. [ ] Other: ______________________

**Utilities**

[ ] I did not pay for utilities. (check box)
[ ] Lived with family. [ ] Lived on family property.
[ ] Lived in shelter. [ ] Other: ______________________

**Vehicle / Insurance**

[ ] I did not own a vehicle / insurance in my name. (check box)
[ ] Vehicle / insurance are in my name and paid on my behalf by other(s). (complete columns)

**Cost of Food**

[ ] I did not pay for the cost of food. (check box)
[ ] Cost of food paid on your behalf by others.
[ ] I received Food stamps. Provide benefit statement. (complete columns)

**Personal Expenses**

[ ] I did not pay for personal expenses. (check box)
[ ] Personal expenses paid on your behalf by others.

CERTIFICATION: I certify that the information provided on this form is complete and accurate to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information. I understand that, if I do not give proof when asked, this request will not be processed. I understand that providing false information may result in a delay or denial of federal financial aid funding and may subject me to criminal charges.

Student’s Signature: ___________________________________ Date: ______________________

Return form to:
NPC Financial Aid Office
PO Box 610
Holbrook, Arizona 86025

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FA Revision 3/3/2015