PRINT CLEAR

2017-2018 ZERO INCOME – STUDENT

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 **FAX: (805) 756-7243** **EMAIL: financialaid@calpoly.edu**	Student Last Name: Student First Name: Phone #: **EMPL ID#:**

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for review. If awarded FWS, SEOG, or Perkins, documents must be submitted no later than June 30, 2017 to avoid potential cancelation of those funds. In all circumstances, for any aid, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

On the FAFSA you reported zero OR low income for **2015**. So that we can fully understand your financial situation, please provide information about any other resources, benefits and other amounts received by you that allows you to meet the living expenses of your household, such as food, rent, and medical care. This may include resources that were not required to be reported on the FAFSA or were reported on other forms submitted to the financial aid office, and includes such things as federal veterans education benefits, military housing, SNAP, TANF, bills paid on your behalf or assistance from other family members, etc. **Please note that answering with all zeros in the tables below will result in this form being returned as incomplete.** If further explanation is required, please attach a letter of explanation.

For Office Use Only

Initials _____

1. Person Providing Support to You:	**Type of Financial Support**	**Amount of 2015 Support**
Example: Aunt Jane Smith	*She pays our mortgage / rent*	*(approx.. $500/month) $6,000 yr.*
2. Organization Providing Support to You:	**Type of Financial Support**	**Amount of 2015 Support**
Examples: Utility Assistance Program *Section 8 Rent Program*	*Electricity/Gas reduced* *Rent assistance*	*(approx.. $500/month) $6,000 yr.*

SIGN and DATE:

I certify that all information reported on this form and any attachment is true, complete, and accurate.
False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

_____ _____

Student Signature (Required. No electronic signature.) Date