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## Low Income Documentation Form

The income information on your FAFSA (Free Application for Federal Student Aid) indicated that you and/or your parent had an unusually low income for the prior year. Please indicate on this form how you and/or your parent supported yourself during the time period covered on the FAFSA. **Amounts may not be ZERO.**

Please mark the option(s) that apply:

I and/or my parent(s) worked in exchange for support.

Amount received per Month: \_\_\_\_\_ Number of Months: \_\_\_\_\_

I and/or my parent(s) received cash support from, an individual, paid to me, or on my behalf, for food, housing or other living expenses.

Amount received per Month: \_\_\_\_\_ Number of Months: \_\_\_\_\_

(Report any cash support received. Also report any money paid to someone else on your behalf. Example: if a friend or relative pays bills that are in your name, you report that amount.)

I and/or my parent(s) received in-kind support from an individual.

Amount received per Month: \_\_\_\_\_ Number of Months: \_\_\_\_\_

(In kind support is other money, for example, friends or relatives giving you food or letting you live rent-free. If you received in-kind support your cost of attendance may be reduced to reflect receipt of this benefit. **Do not include:** Food Stamps, WIC, Low-Income Housing or Foster care amounts)

If none of the above applies, please explain:

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\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Student ID# or SSN*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Parent Signature (if applicable)*

\_\_\_\_\_  
*Date*