

## SOWELA TECHNICAL COMMUNITY COLLEGE Non-Tax Filer Form and Low Income Form

Your **Student Aid Report** indicated that you have not filed your 2015 taxes or you reported an unusually low income. Please complete and return this form to verify your **2015 monthly expenses** and how these expenses were paid. **Your financial aid will not be processed until this form has been completed, returned, and verified.**

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Did you (student) file taxes for 2015?  Yes  No

\_\_\_\_\_ Student's Initials

Did your parents file taxes for 2015?  Yes  No

\_\_\_\_\_ Parent's Initials

Please check one of the following and supply the information for the appropriate persons:

\_\_\_\_ I am a **DEPENDENT\*** student: **Please complete the monthly expense and source of payment information for your parents.**

\_\_\_\_ I am an **INDEPENDENT\*** student: Please complete the monthly expense and source of payment information for student/spouse

\* U.S. Dept. of ED definition

Please indicate below the **Monthly Cost** for each item listed and check the sources used to pay each expense. **IMPORTANT: Do not leave any item blank.**

Type of Expenses	Approximate Monthly Costs	How Many Months Paid	Please Indicate how these expenses are paid. (ex. work, relatives, public assistance, etc.)
<b>Example: Rent</b>	<b>400</b>	<b>12</b>	<b>Work</b>
Housing/Rent	\$		
Utilities	\$		
Food	\$		
Transportation (Car note, gas, insurance)	\$		
Child Care	\$		
Medical Expenses	\$		
Other	\$		

Please list the **TOTAL ANNUAL AMOUNT** of money received from the following sources for 2015.

Relatives \$ \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_ Income from Work \$ \_\_\_\_\_

Social Security Income/SS Disability Income \$ \_\_\_\_\_ Other Sources \$ \_\_\_\_\_

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct. At least one parent must sign for a dependent student. **WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

If any information is left unanswered, this form will be returned to you, which will delay your financial aid from being processed.

Financial Aid Office  
3820 Sen. J. Bennett Johnston Ave.  
Lake Charles, LA 70615

Phone: 337-421-6545 Email: [Financialaid@sowela.edu](mailto:Financialaid@sowela.edu)  
[www.sowela.edu/financialaid.asp](http://www.sowela.edu/financialaid.asp)

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