

www.fhtc.edu 620.343.4600 | 800.711.6947 | fax: 620.343.4610 3301 West 18th Avenue | Emporia, Kansas 66801

## 2023-2024 Low Income Statement Estimated Family Budget Report (12 Month) – Dependent

The information you provided on your FAFSA reflects a particularly low income for 2021; therefore, we must ask you to verify how your entire family will meet living expenses in 2023-2024. Please complete the following chart.

Student Name \_\_\_\_\_ Date of Birth

Address \_\_\_\_\_\_ Phone # \_\_\_\_\_\_

City, State, Zip

In 2021, did you or your parent(s) receive:		
Social Security Benefits?	Yes/No	2021 yearly total: \$
Supplemental Security Income?	Yes/No	2021 yearly total: \$
Non-education veteran benefits?	Yes/No	2021 yearly total: \$
Child support?	Yes/No	2021 yearly total: \$
Income earned from work?	Yes/No	2021 yearly total: \$
Other resources not listed? Source:	Yes/No	2021 yearly total: \$
SNAP (food stamps) benefits?	Yes/No	
Medical or dental assistance from the state?	Yes/No	
Basic needs (housing, food, clothing) from anyone?	Yes*/No	
*If yes, please indicate the name and relationship to your	family:	

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Parents: Please explain in further detail how you were able to support the household for the 2021. Has this situation changed for the 2023-2024 school year? If so, please explain.

By signing below, I certify that all the information I have submitted is accurate and can be verified with supporting documentation.

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

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

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.