

www.fhtc.edu

620.343.4600 | 800.711.6947 | fax: 620.343.4610 3301 West 18th Avenue | Emporia, Kansas 66801

2024-2025 Low Income Statement Estimated Family Budget Report (12 Month) – Dependent

The information you provided on your FAFSA reflects a particularly low income for 2022; therefore, we must ask you to verify how your entire family will meet living expenses in 2024-2025. Please complete the following chart.

Student Name	Date of Birth Phone #	
Address		
City, State, Zip		
In 2022, did you or your parent(s) receive:		
Social Security Benefits?	Yes/No	2022 yearly total: \$
Supplemental Security Income?	Yes/No	2022 yearly total: \$
Non-education veteran benefits?	Yes/No	2022 yearly total: \$
Child support?	Yes/No	2022 yearly total: \$
Income earned from work?	Yes/No	2022 yearly total: \$
Other resources not listed? Source:	Yes/No	2022 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	
Parents: Please explain in further detail how you were able Has this situation changed for the 2024-2025 school year?		
By signing below, I certify that all the information I have submitted	d 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.