



## Financial Aid Office

Nueta Hidatsa Sahnish College  
 PO Box 490/301 College Drive  
 New Town, ND 58763  
 Phone: 701-627.8013  
 Fax: 701.627.2781

### LOW INCOME STATEMENT FORM

**\*\*PROCESSING OF YOUR AID HAS STOPPED, UNTIL THIS FORM AND REQUIRED DOCUMENTS ARE RETURNED\*\***

Check one:  Student Information  Parent Information Award year \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ID# \_\_\_\_\_

Please complete the following form since the income/resource(s) you declared on the FAFSA is below the U.S. Department of Health and Human Services poverty guidelines. You must put a "0" or a dollar amount for each item.

1. Did you receive government assistance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Low Income Housing	Monthly Amount	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welfare/TANF	Monthly Amount	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food Stamps/WIC	Monthly Amount	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security Benefits	Monthly Amount	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other _____	Monthly Amount	\$ _____
<b>Total Government Assistance</b>			Monthly Amount	\$ _____

2. Did someone provide cash and/or did someone help pay bills on your behalf in the prior year that would be listed as untaxed income on the ISIR, i.e. cash assistance, rent care payment, phone bill, utility bill, insurance, etc.?

<input type="checkbox"/> Yes	Name of Provider	Relationship to Student	Amount
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

No I did not receive cash. There were no bills in my name paid on my behalf in the prior year.

3. Do you live with your parents?

Yes  
 No

\_\_\_\_\_

Please state who you are living with (Friend, Grandmother, Roommate, etc.).

4. Are you currently working? If so, how much do you earn per week? \$ \_\_\_\_\_

5. If the questions above do not completely explain your situation, please explain how you survived last year and/or how you are able to support your dependents over 50%. Explain how the above makes sense.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I attest the above information is true and correct to the best of my knowledge I understand that any false information will result in the loss of the tuition assistance at any time. Please note that the completion of this form does not guarantee approval of the tuition assistance.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (If Dependent):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After completing the above requested information, please forward it to the Financial Aid Office.**