# Nueta Hidatsa Sahnish College Tel.: 701.627.8015

# Office of Financial Aid Fax: 701.627.2781

301 College DRIVE [www.nhsc.edu](http://www.nhsc.edu)

PO Box490, New Town, ND 58763

**2021-2022 NHSC Low Income Statement – Parent**

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

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 or your spouse receive government assistance?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Parent Spouse | Low Income Housing | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes | No | Parent Spouse | Welfare/TANF | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes | No | Parent Spouse | Food Stamps/WIC | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes | No | Parent Spouse | Social Security Benefits | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes | No | Parent Spouse | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes | No | Parent Spouse | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | |  | Total Government Assistance | Monthly Amount | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. 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.?

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_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. | | |

1. Are you currently working? If so, how much do you earn per month? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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.**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Spouse Signature (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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