



# Rust College

## 2024-2025 Low Income Worksheet

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Rust College ID \_\_\_\_\_

The income reported on your 2024/25 FAFSA appears insufficient to support the number of people in your household. Report amounts paid for each **2021** expenditure, including cash paid by a third party. Do not leave any item blank.

**Independent students must fill out information based on their household.**

**Dependent students must fill out information based on parent's household.**

<b>FEDERAL BENEFITS</b>	
YES, or NO - did anyone in your household receive any of the following federal benefits in <b>2022 or 2023</b> ?	
	Free or Reduced Lunch
	<b>SSI or SSDI</b> – Supplemental Security Income or Supplemental Security Disability Income
	<b>TANF</b> – Temporary Assistance for Needy Families
	<b>WIC</b> – Special Supplemental Nutrition Program for Women, Infants, and Children
	<b>SNAP</b> – Supplemental Nutrition Assistance Program
	<b>Medicaid</b>

### 2022 MONTHLY HOUSEHOLD INCOME/RESOURCES

Supporting documentation of income may be required: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements, and/or notarized statement from third party providing income/resource.	Amount Received Monthly
Income from work – before taxes or deductions	\$
Unemployment	\$
Disability	\$
Child Support Received	\$
Social Security Benefits	\$
Public Assistance/Subsidized Housing Income	\$
Veterans Benefits and Housing (non-educational)	\$
Support Received from a third party (relatives/friends/other)	\$

### 2022 MONTHLY HOUSEHOLD EXPENSES

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Rent/Mortgage	\$			
Electric, Gas, and Water	\$			
Credit Card and Loans	\$			
Car Payment, Insurance, and Gasoline	\$			
Groceries/Food	\$			

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**2022 MONTHLY HOUSEHOLD EXPENSES-CONTINUED**

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Telephone/Cell phone, Cable, and Internet	\$			
Child Care Expenses	\$			
Medical, Dental, Vision and/or Insurance	\$			
College Costs not supported by Financial Aid	\$			
Incidentals (clothing, entertainment, gifts, etc.)	\$			
Other	\$			

**EXPLANATION OF SITUATION: Please explain how you supported yourself/family in 2022; include details regarding how above living expenses were met and who was the third-party payer along with their relationship to you (relative, friend, organization)**


Before signing, please check the accuracy and completeness. **There should be no blank or unanswered questions even if the answer is zero.** Incomplete forms will be returned and will delay processing of Financial Aid. For many forms requested by the Financial Aid Office, you will need to provide a "wet" signatures. Names typed in script fonts are not acceptable.

By signing this form, I \_\_\_\_\_, certify that all information reported is complete and correct. (print name)

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Dependent student:**  
 Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.**

**PLEASE RETURN ALL FORMS AND DOCUMENTATION—list student's name and Social Security Number at top of all**

Rust College  
 Financial Aid Office  
 150 Rust Avenue  
 McCoy Administration Building  
 Holly Springs, MS 38635

Office Use:	
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