

**\*\*\*FORMS MUST BE COMPLETED IN BLACK INK ONLY\*\*\***

**A. Student Information (please print):**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Student's M.I. \_\_\_\_\_ Student's Student Number \_\_\_\_\_

**B. Federal Poverty Guideline**

For families who reported income below the federal poverty guidelines, you must document how the family covered basic expenses if there is insufficient evidence provided on the FAFSA. For reference, you can visit the website: <https://aspe.hhs.gov/2018-poverty-guidelines>

Persons in Family/Household	2018 Poverty Guideline
1	\$12,140
2	\$16,460
3	\$20,780

**C. Possible Source of Income/Support**

Please check any of the following benefits that were received in 2018 by a member of the FAFSA household

Social Security ☐ \$ \_\_\_\_\_ /year    Medicaid ☐    WIC ☐    Child Support Received: ☐ \$ \_\_\_\_\_ /year  
Disability ☐ \$ \_\_\_\_\_ /year    SNAP ☐    TANF ☐    Household received child support for: \_\_\_\_\_  
(Name)

If you are a **dependent student**, the following question is for your parent(s). If you are an **independent student**, the following question is for you and/or your spouse.

In 2018, did a relative or a friend provide you/your household with housing (free room and board)?

☐ No    ☐ Yes, \_\_\_\_\_ (name) \_\_\_\_\_ (Relationship to student)

**Please note, if zero (\$) income is reported on FAFSA, you MUST complete the OTHER FINANCIAL RESOURCES section.**

**D. Other Financial Resources:** Please explain what other sources of income you/your household lived on in 2018 and how much. For example, source of income can be savings, cash assistance by a friend/relative, bills paid on your/household behalf, etc.

Sources of Income	Amount for 2018
_____	\$ _____
_____	\$ _____
_____	\$ _____

**OTHER:** If none of these types of resources apply to you, please provide an explanation as to how you/your household lived using reported income in 2018.

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

Student Signature \_\_\_\_\_

\_\_\_\_\_ Date

Print Parent Name (if dependent student) \_\_\_\_\_

Parent Signature (if dependent student) \_\_\_\_\_

\_\_\_\_\_ Date

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College  
Financial Aid  
1900 Highway 31 South  
Bay Minette, AL 36507  
FAX: 251-580-2182  
EMAIL: [financial\\_aid@coastalalabama.edu](mailto:financial_aid@coastalalabama.edu)