

XAVIER UNIVERSITY OF LOUISIANA

Office of Financial Aid

1 Drexel Drive • New Orleans LA 70125-1098 • Box 40

Telephone: (504) 520-7835 •

Fax: (504) 520-7906

Use the link below to upload your completed document:

<https://xula.studentforms.com>

2024-2025 Low Income Statement

Name (Please Print)

XULA ID Number

The income you reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Please fill out the income and expenses worksheet below. If you are a dependent student, you must include your information and parent(s) must sign this document. Also, if someone (friend or family member) helped provide support to you/your family in 2022, please have them complete and return the Student/Family Member Support Form which is the second page of this form.

2022 Expense Type	Student/Spouse Amount of 2022 Expenses Paid out of Pocket	Parent (Dependent student)
-------------------	--	----------------------------------

Signature: Parent (Mother)

Signature: Parent (Father)

2024-2025 Student/Family Member Support Form

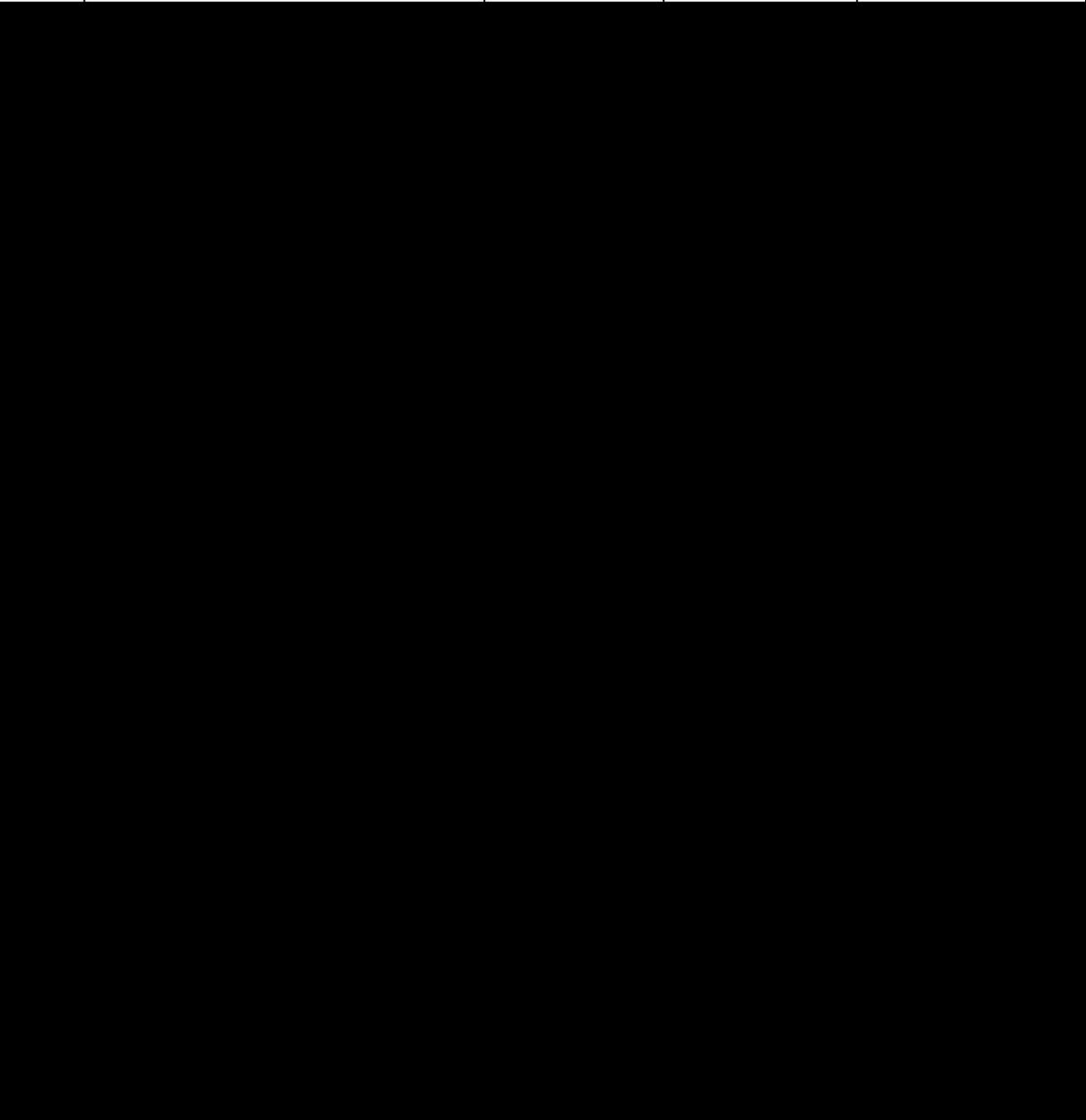
This form is to be completed by the person (such as friend, family member-other than parents) who is providing support to the student and/or parents/siblings of the student during year 2022. Please complete this form detailing your support. You may attach a separate sheet if you wish to include additional information.

Name (Please Print): _____ **ID#** _____

I, (Person name who is providing support) _____, **certify that I provide support to the above referenced student and/or the** _____ **family.**

Please list the people living **in your household in year 2022** (make sure to include yourself):

Full Name	Age	Relationship to you	Do you provide more than 50% support to this person?	If you answered YES to providing more than 50% support, list
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____



_____ (Student) _____ Date

