

Statement of Confidentiality: The income information requested below determines a student's eligibility for the Student Support Services Program. Application information is confidential.

Low-income status:

Individual whose family's taxable income did not exceed 150% of the poverty level in the calendar year preceding the year in which the individual participates in the project. This amount is determined annually by the federal government.

When using your parent's or your (independent students only) prior year (not prior-prior) federal tax return, please see chart below used to confirm eligibility based on low-income criteria. This information can be located on the following forms: Form 1040EZ – line 6 (rarely used) or Form 1040A – line 27 or Form 1040 – line 43. For example, if you are applying for the 2018-2019 school year, you should use the 2017 tax information.

*Note the income requirement is based on Taxable income

Family size:	Income:	Family size:	Income:
1	\$18,735.00	5	\$45,255.00
2	\$25,365.00	6	\$51,885.00
3	\$31,995.00	7	\$58,515.00
4	\$38,625.00	8	\$65,145.00

Do you qualify as low-income? ___ **Yes** ___ **No** ___ **Unsure**

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Please note a physical signature is required. Electronic signatures will not be accepted.

Student First and Last Name (Please print): _____

Please submit completed form via fax, email, or mail to:

Melissa Krzyzaniak
Student Support Services
Office 302A Sacred Heart Hall
Siena Heights University
1247 E. Siena Height Dr.
Adrian, MI 49221
mkrzyzal@sienaheights.edu
Fax (517) 264-7740

Note: *Only applicants whose applications are complete will be considered for participation in the Student Support Services Program.*