

UHD ID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**UHD** University of Houston **DOWNTOWN** Office of Scholarships and Financial Aid  
**2026-2027 Parent(s) Low Income Statement**

The income that your parent(s) reported on your financial aid application for 2024 appears to be unusually low. As part of the verification process, your parent(s) must confirm the details of the information reported. This worksheet is designed to show how your parent(s) received monetary support in 2024.

1. You have indicated on the FAFSA/or TASFA application that your parent(s) had zero or limited income/resources required for basic support during the 2024 calendar year. To process your application, please explain below how your parent(s) met basic living expenses, such as housing, food, utilities, transportation, etc. from January 1, 2024 to December 31, 2024.

2. Select any of the following that applied to your parent(s) during the 2024 calendar year:

<input type="checkbox"/>	Living with family members. Explain support in box above.	<input type="checkbox"/>	Living with friends. Explain support in box above.
<input type="checkbox"/>	Receiving TANF: \$_____ Per _____	<input type="checkbox"/>	Receiving Food stamps, SNAP, and/or WIC
<input type="checkbox"/>	Received child support: \$_____ Per _____	<input type="checkbox"/>	Received spousal support: \$_____ Per _____
<input type="checkbox"/>	Received Unemployment \$ _____	<input type="checkbox"/>	Worked odd jobs: \$ _____
<input type="checkbox"/>	Incarcerated	<input type="checkbox"/>	Received Financial Aid during academic year \$ _____
<input type="checkbox"/>	Housing assistance \$ _____	<input type="checkbox"/>	Other: _____

Each person signing this form certifies that all the information reported on it is complete and correct. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

_____ Student Signature                      Date <i>(Blue or black ink, no electronic signatures accepted)</i>	_____ Parent(s) Signature (required, if applicable)      Date <i>(Blue or black ink, no electronic signatures accepted)</i>
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