



Wimberly Bldg. Rm. 200
P.O.Box 10042
Beaumont, TX 77710

(409) 880-7011
fax (409) 880-8934
lamar.edu/financialaid

Name _____

MINIMUM INCOME EXPLANATION

Student ID _____

Aid Year: _____

This form is being requested by our office because your income as reported on your Free Application for Federal Student Aid (FAFSA) is exceptionally low. It is Lamar University's policy that you must have approximately \$4000.00 of income/financial support per person in the household per year. (Example: If there are 3 people in your household you will need to have no less than \$12,000.00 from income/assistance.) The resources you list below must be from the previous calendar year.

Note: If you are classified as a dependent student, the following is based on parent's information.

Use this chart to document how you and your family pay living expenses.

Expenses	Amount paid per month	How is this expense paid? Ex: family, friends, loans, child support, social security, food stamps, financial aid, etc.
Rent or Mortgage*		
Utilities*		
Food and Groceries*		
Misc. Items*: clothing, personal hygiene, toiletries, etc.		
Car Payment/Gas, Auto Insurance, City Transportation, etc.		
Child Care/Day Care, Diapers, Baby Food, etc.		
Personal: cell phone, credit cards, entertainment, etc.		

* Expenses that are marked with an asterisk are necessities and must not be left blank. Having required expenses marked as "\$0" is considered blank.

This can be used for any additional information about how living expenses are paid.

Student's Signature

Date

Phone Number

Parent's Signature (if dependent)

Date

Return To: Office of Student Financial Assistance

Mail: PO Box 10042 Beaumont, TX 77710

Fax: (409) 880-8934 Monday-Friday 8-5

Email PDF: Financialaid@lamar.edu