



Financial Aid Office
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Laguna College of Art + Design

2026-2027 Low Income verification - Dependent

Student Name: _____ **SSN:** XXX - XX -

The 2024 income reported on the 2026-2027 Free Application for Federal Student Aid (FAFSA) appears to be exceptionally low relative to your family size. Before we can continue to process the student’s financial aid, we must verify this information.

Please complete the worksheet below by providing Parent income and expense information for the calendar year 2024. Attach any supporting documentation that you feel may provide a clearer picture of the information provided.

DO NOT LEAVE BLANK: *Incomplete forms will be returned.*

YES I/WE (PARENT) FILED A 2024 FEDERAL INCOME TAX RETURN **NO** *IF YES, PLEASE ATTACH A 2024 IRS TAX TRANSCRIPT.*

Parent(s) 2024		Parent(s) 2024			
Annual Income + Resources	CALENDAR YEAR 2024	Annual Living Expenses	CALENDAR YEAR 2024		
1	Earnings from Employment	\$ _____	1	Rent/Mortgage	\$ _____
2	Child Support	\$ _____	2	Utilities	\$ _____
3	TANF	\$ _____	3	Food	\$ _____
4	Food Stamps	\$ _____	4	Transportation	\$ _____
5	Subsidized Housing	\$ _____	5	Child Care	\$ _____
6	Unemployment Benefits	\$ _____	6	Education	\$ _____
7	Worker’s Comp / Disability	\$ _____	7	Medical / Dental	\$ _____
8	Monetary Gifts	\$ _____	8	Insurance	\$ _____
9	Housing, Food, or Other Living expenses paid by others	\$ _____	9	Personal / Entertainment	\$ _____
10	Cash Support from others	\$ _____	10	Other <i>(please specify)</i>	\$ _____
11	Financial Aid	\$ _____			\$ _____
12	Other <i>(please specify)</i>	\$ _____			\$ _____
		\$ _____			\$ _____
TOTAL Parent(s) 2024		TOTAL Parent(s) 2024			
Annual Income and Resources	\$ _____	Annual Living Expenses	\$ _____		

If the total 2024 income is less than the total 2024 expenses, explain how the living expenses were paid. For each living expense reported as \$0, explain how you lived with \$0 expenses. Please attach a separate sheet of paper if you need additional space.

Parent Certification:

By signing this worksheet, I certify that the information provided above is complete and correct. I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above.

Parent Signature: _____ Date: _____