AMERICAN SAMOA COMMUNITY COLLEGE
Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155 ext.313, email: faid@amsamoa.edu

STUDENT INFORMATION

_____   _____

Last Name   First Name   M.I.   Student ID #

The income you reported on your 2021-2022 FAFSA was unusually low for the amount of people in your household. Please complete this form to clarify how your family was able to meet their basic needs in 2019.

- **If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parents(s) whose information is on the FAFSA.**
- **If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.**
- **Please complete every item below. If the answer to any item is zero, please write "0".**

2019 Income (per month)	Amount (per month)		2019 Expense (per month)	Amount (per month)
Payment to tax-deferred pension and savings plans			**Rent or housing payment**	
Housing, food, and other living allowances paid to members of the military, clergy and others			**Utilities/Phone/Cell Phone**	
Veterans non-education benefits			**Groceries**	
Child support received			**Car payment/Gas**	
Other untaxed income			**Medical/Dental Bills**	
Money received or paid on the student's behalf			**Personal Expenses**	
Wages, Salaries, Tips			**Child Care/Tuition**	
Other:			**Other:**	
TOTAL			**TOTAL**	

If your total 2019 Expenses (above) were greater than your total 2019 family income (above), please attach a separate sheet explaining the situation and how your expenses were met.

CERTIFICATION AND SIGNATURE

I certify that the information provided on this worksheet is true and complete to the best of my knowledge. I understand that inaccurate information may result in the loss of financial aid eligibility. I also know that an incomplete form will be returned to me and may delay my financial aid award processing and disbursement.

_____   _____

Print Student Name   Student's Signature   Date

_____   _____

Print Parent Name   Parent Signature   Date