

2020-2021 ZERO INCOME – PARENT

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu (Sensitive data should be encrypted.)	Student Last Name:
	Student First Name:
	Phone #: EMPL ID#:

IMPORTANT: Submit as soon as possible. Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for your complete file to be reviewed. If awarded FWS or SEOG, documents must be submitted no later than June 30, 2020 to avoid potential cancelation of those funds. In all circumstances, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

For Office Use Only

Initials _____

On your student's FAFSA, you or your spouse reported zero or low income for **2018**. So that we can fully understand your financial situation, please provide information about any resources, benefits, and other amounts received that allow you to meet the living expenses of your household, such as food, rent, and medical care. This may include resources that were not required to be reported on the FAFSA or were reported on other forms submitted to the financial aid office, and includes such things as federal veterans education benefits, military housing, SNAP, TANF, bills paid on your behalf, or assistance from other family members, etc.

Please note that answering with all zeros in the tables below will result in this form being returned as incomplete. If further explanation is required, please attach a letter of explanation.

1. Person Providing Support to Parent:	Type of Financial Support	Amount of 2018 Support
<i>Example: Aunt Jane Smith</i>	<i>She pays our mortgage / rent</i>	<i>(approx.. \$500/month) \$6,000 yr.</i>
2. Organization Providing Support to Parent:	Type of Financial Support	Amount of 2018 Support
<i>Examples: Utility Assistance Program Section 8 Rent Program</i>	<i>Electricity/Gas reduced Rent assistance</i>	<i>(approx.. \$500/month) \$6,000 yr.</i>

SIGN and DATE: I certify that all information reported on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Parent Signature (Required. No electronic signature.)

Date
FZPP21