



**XAVIER UNIVERSITY OF LOUISIANA**  
**Office of Financial Aid**

1 Drexel Drive • New Orleans LA 70125-1098 • Box 40  
 Telephone: (504) 520-7835 •  
 Fax: (504) 520-7906

Use the link below to upload your completed document:  
<https://xula.studentforms.com>

**2024-2025 Low Income Statement**

**Student's Name (Please Print)**

**Student's XULA ID Number**

The income you reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Please fill out the income and expenses worksheet below. If you are a dependent student, you must include your parent's information and parent(s) must sign this document. Also, if someone (friend or family member) helped provide support to you/your family in 2022, please have them complete and return the Student/Family Member Support Form which is the second page of this form.

2022 Expense Type	Student/Spouse Amount of 2022 Expenses Paid out of Pocket	Parent (Dependent student) Amount of 2022 Expenses Paid out of Pocket	2022 Income Type	Student/Spouse Amount of 2022 Income/Earnings	Parent (Dependent student) Amount of 2022 Income/Earnings
Rent/Mortgage			Earnings from ALL Jobs		
Utilities			Unemployment Compensation		
Car Payment/Ins.			Withdrawals from Savings		
Car Maintenance/Gas			Social Security/Disability		
Credit Card Payments			Welfare, AFDC, TANF		
Phone, Internet & Cable			Child Support Received		
Clothing			Alimony		
Food			Total Financial Aid REFUND received in 2022		
Entertainment			Cash received from family and/or friends		
Child Support/Alimony Paid			*Bills paid by someone else on your behalf		
Child Care			*Please explain any other support below. You may use this space to describe your current living situation		
Other:			Other:		
Other:			Other:		
<b>Total 2022 Expenses</b>			<b>Total 2022 Income</b>		

\*List bills being paid, by whom, and provide examples of support (include food, shelter, clothing, non-cash gifts, etc). Be sure to list the total dollar value of support received in 2022 (*use reverse side if more space is needed*). **Please have this individual to complete the Student/Family Member Support Form.**

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**Certification Statement**

The information contained in this request and any supporting documents submitted are true and complete to the best of my knowledge. I understand that the Financial Aid Office may request additional documentation to verify the above information.

\_\_\_\_\_  
**Signature: Student**

\_\_\_\_\_  
**Signature: Student's Spouse (if applicable)**

\_\_\_\_\_  
**Signature: Student's Parent (Mother)**

\_\_\_\_\_  
**Signature: Student's Parent (Father)**

# 2024-2025 Student/Family Member Support Form

This form is to be completed by the person (such as friend, family member-other than parents) who is providing support to the student and/or parents/siblings of the student during year 2022. Please complete this form detailing your support. You may attach a separate sheet if you wish to include additional information.

**Student's Name (Please Print):** \_\_\_\_\_ **ID#** \_\_\_\_\_

**I, (Person name who is providing support)** \_\_\_\_\_, **certify that I provide support to the above referenced student and/or the student's family.**

Please list the people living **in your household in year 2022** (make sure to include yourself):

Full Name	Age	Relationship to you	Do you provide more than 50% support to this person?	If you answered YES to providing more than 50% support, list how...
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____
				<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical Other: _____

1) **Did you give the student and/or the student's parent(s) money to pay their bills in year 2022?**  YES  NO.  
If yes, to whom  student/ parent(s) and how much money did you give student/\$ \_\_\_\_\_ (  monthly  annually) and/or parent \$ \_\_\_\_\_ (  monthly  annually)

2) **Did you pay bills on behalf of the student and/or the student's parent(s) in year 2022?** \_\_\_\_\_. If yes, please list what bills you paid, the amount and list the individual for whom the bill was paid on behalf of.

List Bill/Company	Indicate the amount you paid	monthly annually		Bill paid on behalf of whom? (Student/parent)	
		monthly	annually	Student	Parent

3) **Did the  student/ parent(s) contribute any financial assistance toward your household in year 2022?**  YES  NO. If yes, how much money do you give \$ \_\_\_\_\_ (  monthly  annually).



I attest that the information I have provided on this form (or on an attached page) is true and accurate. I understand that falsifying or providing misleading information can result in a fine, sentenced to jail or both. All three persons must sign.

\_\_\_\_\_  
**Signature: Person Providing Support to Student/Family** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Student** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Parent (of Dependent Student)** \_\_\_\_\_  
**Date**