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**2026-2027 Low Income Form**

Student Name (Print): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**At any time during 2024 or 2025, did you, your parent(s), or anyone in your household receive benefits from any of the following resources?**

- Child support received for any child(ren) in the household. Don't include foster care or adoption payments
  - Total Amount Received in 2024: \$ \_\_\_\_\_
- Medicaid or Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Low Income Housing or Section 8 Housing

**If you did NOT select any benefits or assistance listed above answer the following:**

Explain how your family met household expenses and provide an total dollar amount of assistance received from other sources in 2024.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were you or your parent(s), if dependent, incarcerated in 2024? If only incarcerated for part of the year, please provide dates and explain the income situation for the time that you or your parent(s), if dependent, were incarcerated.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (If Dependent Student)**

\_\_\_\_\_  
**Date**