



**Maryland Higher Education Commission**  
Office of Student Financial Aid  
6 N. Liberty Street, Ground Suite  
Baltimore, MD 21201  
(410) 767-3300; (800) 974-0203  
TTY for the Deaf - (800) 735-2258  
MHEC.MARYLAND.GOV

# DOCUMENTATION OF LOW INCOME FORM Guaranteed Access Grant 2020-2021 Academic Year

**RETURN THIS FORM TO MHEC & ALL REQUIRED DOCUMENTATION BY APRIL 1, 2020**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ MI: \_\_\_\_\_

MHEC ID#:  Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Last 4 digits of Student SSN:

Applicants who reported little or no income for the 2018 year are required to provide the Maryland Higher Education Commission (MHEC) with additional information **and supporting documentation** to explain how basic living expenses were met from **January 1 through December 31, 2018**. Therefore, you must provide additional information to assist MHEC in understanding your situation. **Your consideration for the Guaranteed Access Grant (GAG) Program will be further delayed if this form is incomplete and supporting documentation is not submitted.**

## Expenses Paid by Student (and spouse, if married):

Monthly living expense	Cost/month	Months paid	Name of person who paid the bill or expense	Relationship to student (ex: mom, dad, grandparent, aunt, etc.)
Food/groceries				
Housing: Rent, mortgage				
Utilities: Gas, electricity water, phone, cable				
Transportation: Public, car payments, gas, insurance				
Child care				
Miscellaneous: Clothes, entertainment				
In 2018, did you (or your spouse, if married) receive any of the following? <b>If yes, you must provide documentation of benefits received in 2018.</b>	Social Security benefits __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No	SNAP (food stamps) __Yes __No	Child support received __Yes __No

## Expenses Paid by Parent: (complete this section if parent information was required on the FAFSA application)

Monthly living expense	Cost/month	Months paid	Name of person who paid the bill or expense	Relationship to student (ex: mom, dad, grandparent, aunt, etc.)
Food/groceries				
Housing: Rent, mortgage				
Utilities: Gas, electricity water, phone, cable				
Transportation: Public, car payments, gas, insurance				
Child care				
Miscellaneous: Clothes, entertainment				
In 2018, did you or your spouse receive any of the following? <b>If yes, you must provide documentation of benefits received in 2018.</b>	Social Security benefits __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No	SNAP (food stamps) __Yes __No	Child support received __Yes __No

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct. The student and spouse if married, or one parent whose information was reported on the FAFSA must sign and date.

I understand that if this form is incomplete or supporting documentation is not provided, my financial aid may be delayed. If asked by an authorized official of the office of student financial assistance, I agree to provide proof of the information that I have given on this form.

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Student's Signature

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Date

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Spouse or Parent's Signature

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Date

**Submit this form and all required documents to MHEC by April 1, 2020**  
By Mail: Maryland Higher Education Commission. Ground Floor Suite. 6 N. Liberty Street.  
Baltimore, MD 21201