



Maryland Higher Education Commission
 Office of Student Financial Assistance
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 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 2022-2023 Academic Year

FOR PRIORITY CONSIDERATION, UPLOAD THIS FORM TO MDCAPS BY APRIL 1, 2022

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 **no** income on the Free Application for Federal Student Aid (FAFSA) must complete this form. The form is required in order to document how you and if applicable your spouse, or parents living expenses during the 2020 tax year. When completing this form you should do the following:

- Complete either: **Section A. if an Independent Student OR Section B. if a Dependent Student**
- Report the Annual amount spent for each living expense under the "Report 2020 Annual Expenses" column
- Report the Name of person who paid the expense under the "Name of person who paid the expense" column
- Report the Name of the person who paid the expense under the "Relationship to student" column

Section A. INDEPENDENT STUDENT

This section is for Independent Students or Spouse to document annual expenses

Living Expenses	Report 2020 Annual Expense	Name of person who paid the bill or expense	Relationship to student (ex: grandparent, aunt, etc.)
Housing: Rent, mortgage			
Utilities: Gas, electricity water, phone, cable			
Transportation: Public, car payments, gas, insurance			
Food/groceries			
Miscellaneous: Clothes, entertainment			
Money Received on your behalf from family/friends			
In 2020, did you (or your spouse, if married) receive any of the following? If yes, you must provide documentation of benefits received in 2020.	Social Security benefits __Yes __No	SNAP (food stamps) __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No

Section B. DEPENDENT STUDENT

This section is for Dependent Students and their parent(s) to document annual expenses

Living Expenses	Report 2020 Annual Expense	Name of person who paid the bill or expense	Relationship to student (ex: mom, dad, grandparent, aunt, etc.)
Housing: Rent, mortgage			
Utilities: Gas, electricity water, phone, cable			
Food/groceries			
Transportation: Public, car payments, gas, insurance			
Miscellaneous: Clothes, entertainment			
Money Received on your/ parents behalf from others			
In 2020, did you or your spouse receive any of the following? If yes, you must provide documentation of benefits received in 2020.	Social Security benefits __Yes __No	SNAP (food stamps) __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No

NOTE: Your consideration for the Guaranteed Access Grant (GAG) Program will be further delayed if this form is incomplete and supporting documentation is not submitted.

Each person signing below certifies that all of the information reported is complete and correct. The student and/or spouse and 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.

Student's Signature

Date

Spouse or Parent's Signature

Date

FOR PRIORITY CONSIDERATION, UPLOAD THIS FORM TO YOUR MDCAPS ACCOUNT BY APRIL 1