

## 2018-2019 LOW INCOME VERIFICATION FORM

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

The Financial Aid Office requests that you complete this form because you indicated that you had little/no income in 2016. This information will be used to justify your living arrangements for the year 2016. If applicable, please provide documentation that substantiates your income. Please write "0" if the income/resource or expense is \$0. **Do not leave any blank.**

| 2016 Monthly Income/Resources               | Student/Spouse | Parent/Stepparents<br>(Dependent Students Only) |
|---|----------------|---|
| Income from Work                            |                |   |
| Unemployment                                |                |   |
| Disability                                  |                |   |
| Child Support Received                      |                |   |
| Social Security Benefits                    |                |   |
| Public Assistance/Subsidized Housing Income |                |   |
| Veteran's Benefits (non-educational)        |                |   |
| Cash/Non Cash given to you by others        |                |   |
| Other:                                      |                |   |

| 2016 Monthly Expenses                           | Student/Spouse | Parent/Stepparents<br>(Dependent Students Only) | How Expenses Were Paid<br>(Parent, Friend, SNAP, HUD, etc.) |
|---|----------------|---|---|
| Personal items, clothing, grooming, etc.        |                |   |   |
| Utilities (electric, water, sewer, etc.)        |                |   |   |
| Cell Phone/Cable/Internet                       |                |   |   |
| Child Support Paid                              |                |   |   |
| Alimony Paid                                    |                |   |   |
| Medical/Dental/Vision Expenses and/or Insurance |                |   |   |
| Other:  |                |   |   |

### Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Signature (for dependent's only)

\_\_\_\_\_  
 Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**