

2017-2018 LOW INCOME VERIFICATION FORM

Last Name	First Name	M.I.
Social Security Number or Student ID		/ / Date of Birth
Address (include apt no.) City		State
()		Zip Code
Student's Phone Number		Student's Email Address

The income that you reported for yourself and/or your family on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you and/or your family were able to provide for such needs as housing, food and utility bills during 2016 so that we may properly complete your financial aid award.

STEP ONE:

Please list any income you and/or your family received in 2015. This listing should include income from work, disability, unemployment, social security, child support, and/or income received from relatives/friends. **You must provide supporting documentation of income.** Acceptable documentation includes, but is not limited to: W-2 forms, 1099 forms, letter from Social Security Administration, print out from Employment Security Commission, print out from Child Support Enforcement and/or a notarized statement from the friend/relative who provided the income.

Student / Spouse	Income/Resources List Annual Income Amounts from January 2015-December 2015	Parent(s)
\$	Income from work (gross amount)	\$
\$	Unemployment or disability	\$
\$	Child support received	\$
\$	Social Security Benefits	\$
\$	Public Assistance	\$
\$	Subsidized Housing Income	\$
\$	Food Stamps	\$
\$	Veteran Benefits (non-educational)	\$
\$	Support from relatives/friends	\$
\$	Totals	\$

STEP TWO:

Enter the amount you spent **per month** in 2015 (attach a separate sheet if additional space is needed).

Monthly Expenses from January 2015-December 2015	Monthly Amount	Who Paid this Expense (parent, grandparent, aunt, uncle, friend)
Rent/Mortgage Payment	\$	
Car Payment	\$	
Car Insurance	\$	
Electric Bill	\$	
Gas Bill	\$	
Water Bill	\$	
Cell phone/Cable/Internet	\$	
Groceries/Food	\$	
Child care expenses	\$	
Medical/Dental/Vision expenses and/or insurance	\$	
Other (specify)	\$	
Total	\$	X 12=\$

STEP THREE:

Please add any clarifying comments regarding your situation that will help with the review of your file.

STEP FOUR:

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We agree that if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of financial aid until the documentation is provided. For dependent students, the student and at least one parent must sign below. For an independent student, a parent signature is not required.

 Print Student's Name

 Student's ID Number

 Student's Signature

 Date

 Parent's Signature

 Date