

## 2017-2018 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 2015. This information will be used to justify your living arrangements for the year 2015. 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.**

2015 Monthly Income/Resources	Student/Spouse	Parent/Stepparents (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:		

2015 Monthly Expenses	Student/Spouse	Parent/Stepparents (Dependent Students Only)	How Expenses Were Paid (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.**