

2020/21 VERIFICATION OF LOW INCOME

Student Name _____ **College ID / SSN#** _____

The 2018 income which you reported on the 2020-2021 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below:

2018 MONTHLY EXPENSES

STUDENT/PARENT LIVING EXPENSES	EXPENSES Jan 1, 2018 to Dec. 31, 2018	SUPPORT RECEIVED Jan 1, 2018 to Dec. 31, 2018	WHO PAID THIS EXPENSE?
Housing (rent/mortgage)	\$		
Utilities	\$		
Child Care	\$		
Food	\$		
Auto (car payment, gas, insurance, maintenance)	\$		
Medical/Dental	\$		
Personal/Misc.	\$		
TOTAL MONTHLY EXPENSES	\$		XXXXXX
TOTAL ANNUAL EXPENSES (Total Monthly x 12)	\$		XXXXXX

2018 MONTHLY INCOME/RESOURCES

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps	\$
Housing Subsidies	\$
Cash Support/Gifts	\$
Social Security Benefits - SSI	\$
Social Security Disability - SSDI	\$
Child Support	\$
Other (Specify)	\$
TOTAL MONTHLY INCOME	\$
TOTAL ANNUAL INCOME (monthly income X 12)	\$

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION

I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

SIGNATURE (student) _____ **DATE** _____

SIGNATURE (parent) _____ **DATE** _____

(for office use only)

Amount(s) to add to income: Room/Board _____ Transportation _____ Misc/Pers. _____

Other _____ Total amount to add to untaxed income: _____

Signature of FA Administrator _____ Date _____