

# 2024/25 VERIFICATION OF LOW INCOME

**Student Name** \_\_\_\_\_ **College ID / SSN#** \_\_\_\_\_

The 2022 income which you reported on the 2024-2025 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below:

### 2022 MONTHLY EXPENSES

STUDENT/PARENT LIVING EXPENSES	EXPENSES Jan 1, 2022 to Dec. 31, 2022	SUPPORT RECEIVED Jan 1, 2022 to Dec. 31, 2022	WHO PAID THIS EXPENSE?
Housing (rent/mortgage)	\$		
Utilities	\$		
Child Care	\$		
Food	\$		
Auto (car payment, gas, insurance, maintenance)	\$		
Medical/Dental	\$		
Personal/Misc.	\$		
<b>TOTAL MONTHLY EXPENSES</b>	\$		XXXXXX
<b>TOTAL ANNUAL EXPENSES</b> (Total Monthly x 12)	\$		XXXXXX

### 2021 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)	\$
<b>TOTAL MONTHLY INCOME</b>	\$
<b>TOTAL ANNUAL INCOME</b> (monthly income X 12)	\$

### ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION

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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** \_\_\_\_\_

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(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 \_\_\_\_\_