



2017-2018 Low Income Verification Form

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

Please note:

- _ List **annual**, not weekly or monthly, amounts.
- _ If the answer is zero, write **"0"**. This form will be returned to you if you leave a block blank.
- _ Parental information must be included in addition to student's information for **dependent** students.
- _ Include your spouse's information **if** you are an independent, married student.

Annual Expenses	Student	Parent
Rent/Mortgage Payment		
Car payment/Car Insurance		
Groceries		
Utilities (Electric/Water/Sewer/etc.)		
Cell Phone/Cable/Internet		
Medical/Dental/Vision Insurance		
Childcare Expenses		
Other (specify) Attach a separate sheet if necessary		
Annual Total:		
Annual Income/Resources	Student	Parent
Income from work		
Unemployment or Disability (Do not include VA Benefits)		
Child Support Received		
Social Security Benefits		
Public Assistance		
Subsidized Housing Income		
Food Stamps		
VA Non-Educational Benefits		
Support from Relatives/Friends		
Annual Total:		

Student's Last Name: _____ First Name: _____ ID: 850 _____
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Did you receive financial aid refund(s) to fully or partially finance your personal expenses in 2016?

Yes No

Additional information regarding income/resources or expenses (attach a separate sheet if necessary)

Each person signing this form certifies that all the information reported on it is complete and correct.

WARNING: Any person purposely providing false or misleading information on this worksheet may face prosecution, which could result in a fine, imprisonment or both.

The student and at least one parent must sign and date this worksheet unless the student is considered independent.

Student's Signature: _____ Parent's Signature: _____	Date: _____ Date: _____
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