



2018-2019 Low Income Verification Worksheet

Student Name:	SSN or ID:
Phone Number:	Date of Birth:

The income reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) is unusually low and appears to be below minimum levels necessary to meet basic living expenses. Additional documentation may be requested to verify income for 2016.

***If you are a Dependent student list parent(s) expenses and income.**

INCOME/BENEFITS (January 2016 – December 2016)	AMOUNT RECEIVED PER MONTH		
	Student	Parent (if dependent)	Spouse (if independent and married)
Short-term employment (Odd Jobs)	\$	\$	\$
Government Assistance (TANF, SNAP, etc.)	\$	\$	\$
Child Support Received	\$	\$	\$
Untaxed Student Aid (Financial Aid Refund)	\$	\$	\$
Cash Support from Any/All Sources	\$	\$	\$
Other: (please explain)	\$	\$	\$
Total Income	\$	\$	\$

EXPENSES (January 2016 – December 2016)	AMOUNT PAID PER MONTH		
	Student	Parent (if dependent)	Spouse (if independent and married)
Housing (Rent/Mortgage)	\$	\$	\$
Utilities	\$	\$	\$
Groceries	\$	\$	\$
Transportation	\$	\$	\$
Personal Expenses	\$	\$	\$
Educational Costs (paid out of pocket, not financial aid)	\$	\$	\$
Other: (please explain)	\$	\$	\$
Total Income	\$	\$	\$

If a longer explanation is required, please attach a separate page with your statement signed and dated.

Student's Signature

Date

Parent's Signature (Dependent Students Only)

Date

*Supporter's Signature

Date

*(if student was supported by someone other than parent or self)