



2019-2020 Low Income Verification Worksheet

Student Name:	Student ID#:
Phone Number:	Date of Birth:

The income reported on your 2019-2020 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 2017.

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

INCOME/BENEFITS (January 2017 – December 2017)	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 2017 – December 2017)	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)