

# LOW INCOME VERIFICATION FORM 2020-2021




Student Name

Student ID#

Parent Name (if required to provide parental information on FAFSA)

Please check here if this form is being filled out for the parent of the student.

An unusually low income has been reported on your FAFSA application. Please complete this form to clarify how 2018 expenses were met. The federal government student financial handbook states that any:

**Cash support or money paid on behalf of the parent/student, including support from a parent/significant other/relative, must be reported and thus counted as untaxed income.**

**Directions:** If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

If you were incarcerated during the calendar year of 2018, please indicate how many months . If it was only a portion of the year, please fill out the in-kind support for the remaining months of the calendar year.

2018 In-Kind Support (who paid for living expenses)				
IS YOUR NAME ON BILL/LEASE	EXPENSE	\$ PER MONTH	WHO PAID	# OF MONTHS
<input checked="" type="checkbox"/>	EX:RENT/HOUSING	\$400	Aunt	12
<input type="checkbox"/>	RENT/HOUSING			
<input type="checkbox"/>	FOOD			
<input type="checkbox"/>	UTILITIES			
<input type="checkbox"/>	TRANSPORTATION			
<input type="checkbox"/>	MEDICAL			
<input type="checkbox"/>	PERSONAL ITEMS			
<input type="checkbox"/>	ENTERTAINMENT			

(Do not leave blank)

**2018 Untaxed Income:**

Please circle if you receive amounts monthly or yearly.

Social Security, SSL.....	\$	<input type="text"/>	monthly	yearly
Public Assistance: TANF W2 SNAP benefits (Food Stamps) Other	\$	<input type="text"/>	monthly	yearly
Unemployment/Worker's Compensation, Disability.....	\$	<input type="text"/>	monthly	yearly
Alimony/Child Support (submit statement of all child support paid/received).....	\$	<input type="text"/>	monthly	yearly
Veterans non-education benefits (Disability, Death Pension, DIC, VA Work Study) .....	\$	<input type="text"/>	monthly	yearly
Other (Please specify <input type="text"/> .....	\$	<input type="text"/>	monthly	yearly

Does the student live in the parent's home?  Yes  No

The person signing below certifies that all of the information reported is complete and correct.

Signature (Required)

Date

Parent Signature (if applicable)

Date