

Low Income Verification Form 2015-2016

Instructions: In reviewing your application for financial aid we have identified some information that needs clarification. The income reported on your financial aid application is below the federal estimate of your annual cost of living. **In the fields below, please itemize the sources of income and expenses for you/your spouse/your parent(s) as applicable for the calendar year 2014.** Once completed and signed, please return this form to the Office of Student Financial Assistance by mail, scan to a pdf and emailed, or by FAX. All forms must be signed and dated. Incomplete forms will be returned to the sender. **Do not leave line items blank. If zero, write 0.**

This information is being completed for: Yourself ☐ Your spouse ☐ Your Parent(s) ☐

RESOURCES	PER MONTH	EXPENSES	PER MONTH
Earnings from work	\$ _____	Rent/Mortgage	\$ _____
Unemployment Benefits	\$ _____	Utilities	\$ _____
Social Security Benefits	\$ _____	Food	\$ _____
Pension/Retirement Funds	\$ _____	Clothing	\$ _____
Workman's Compensation	\$ _____	Transportation	\$ _____
TANF/Food Stamps/SNAP/WIC	\$ _____	Personal	\$ _____
VA Benefits	\$ _____	Medical	\$ _____
Other Resources (Rehab/ General Relief	\$ _____	Other Expenses (Car/ Payments/Credit Card)	\$ _____
Family & Friends	\$ _____		
Total Resources	\$ _____	Total Expenses	\$ _____

If total expenses exceed total resources listed above, please provide an explanation of your means for covering these expenses below:

OR:

If the items listed above do not clarify your individual circumstances (i.e., you do not pay rent) please provide additional information about your living situation below:

I certify that the information included on this form is true and I am willing to provide additional documentation if requested. **You (and one of your parents, if you are classified as a dependent student) must sign below. We cannot continue to process your application for financial aid until we receive this completed form.**

Student's Signature

Date

Student's Printed Name

Student Id

Parent's Signature

Date