2020–2021 Low Income Verification Form Dependent Student

Complete the form below and return to Student Financial & Registration Services. Failure or delay in the submission of this form may lead to a delay or loss of your financial aid.

We have reviewed your FAFSA information and found that your Family reported no or unusually low income. According to the poverty guidelines set by the Federal Government, the figures that you reported on the 2020–2021 FAFSA are inadequate to sustain the number of people in the household. Additional information is required regarding your family’s living expenses based on the total income for 2018.

If we find conflicting data between this form and your FAFSA, we may require additional documentation. If FAFSA adjustments are necessary based on the information reported on this form, we will make the corrections electronically for you.

Section I-a: Student Information

Student Name: ___________________________ Student ID: ________________
Phone: ( )________________________

Section I-b: Parent(s) Information

Parent 1 Full Name: __________________________________________________________
Parent 2 Full Name (If Applicable): ____________________________________________

Section II – INSTRUCTIONS:
✓ Provide Information regarding income from January 1, 2018 to December 31, 2018.
✓ List YEARLY amounts.
✓ If a question does not apply to you DO NOT LEAVE IT BLANK. Please mark the answer with a zero OR use N/A for “Not Applicable.” If questions are left blank, this form cannot be processed.

<table>
<thead>
<tr>
<th>SOURCES OF INCOME in 2018</th>
<th>Parent(s)</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings: Wages from work or Business Income</td>
<td></td>
<td></td>
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<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
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<tr>
<td>Social Security Benefits</td>
<td></td>
<td></td>
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<tr>
<td>Pensions/Retirement Funds</td>
<td></td>
<td></td>
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<tr>
<td>Worker’s Compensation</td>
<td></td>
<td></td>
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<tr>
<td>Welfare Benefits (AFDC/ADC or TANF)</td>
<td></td>
<td></td>
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<tr>
<td>Food Stamps/Wic/SNAP</td>
<td></td>
<td></td>
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<tr>
<td>Child Support Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony or Separation Maintenance</td>
<td></td>
<td></td>
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<tr>
<td>State Housing Assistance (Section 8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION III – Instructions:

- Please explain how your family met living expenses in 2018 (From January 1, 2018 to December 31, 2018). If any amount is “0” provide details in the space provided at the bottom of the page. If additional room is needed, attach a separate sheet of paper.
- List Monthly amounts.
- If there were no expenses for a listed category, do not leave it blank. Mark the answer with a zero or use N/A and provide details in the space provided at the bottom of the form. If questions are left blank, this form cannot be processed.

1. Mortgage/Rent per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)
   _______Allowed to live in someone else’s residence for free (Explain Below)

2. Utilities (Gas, Electric, Cable, Etc.) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)
   _______Allowed to live in someone else’s residence for free (Explain Below)

3. Food/Personal Care Items (groceries, meals out, toiletries) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______someone else gives money to pay (Explain Below)
   _______Food Stamps/Food Pantry, Etc.

4. Transportation (Car loan, Public Trans, Gas, Maint.) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)
   _______Allowed to use someone else’s vehicle (Explain Below)

5. Phone Service (Cell/Land Line) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)

6. Insurance (Home Owners, Renters, Auto) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)

7. Medical (Insurance, Doctor Co-Pays) per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______Bill in Parent(s) name but someone else gives money to pay (Explain Below)
   _______Given Free Services from______________________________________________

8. Entertainment/Recreation per month: Amount: $________________________
   Who Paid? _______Parent(s) _______Student
   _______someone else gives money to pay (Explain Below)

Additional Information:____________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Section IV: STATEMENT AND CERTIFICATION (Please certify the following statement)

All information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by authorized officials, I agree to give proof of the information I have provided on this form. I also understand that by not providing the information requested, I could be denied financial aid. NOTE: We Cannot Accept Electronic Signatures.

Student Signature: __________________________________________________________________________
Parent Signature: __________________________________________________________________________