



Student Financial
& Registration Services

2016–2017 Low Income Verification Form INDEPENDENT STUDENTS

Complete the form below and return to Student Financial & Registration Services Office. 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 you reported no income or unusually low income. According to the poverty guidelines set by the federal government, the figures that you reported on the 2015–16 FAFSA are inadequate to sustain the number of members in the household. We require that you provide additional information regarding your family expenses based on the total income for 2015.

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

SECTION I-a: Student Information

Student Name: _____ Student ID (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

SECTION I-b: Spouse Information *(if applicable)*

Spouse Name *(if applicable)*: _____

Section II - INSTRUCTIONS:

- ✓ Provide information regarding income from January 1, 2015 to December 31, 2015.
- ✓ 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.

Do not leave any lines blank

SOURCES OF INCOME in 2015 Please indicate <u>YEARLY</u> totals for student and spouse <i>(if applicable)</i>	Student	Spouse
Earnings (from all jobs – wages, salaries, tips)	\$ /year	\$ /year
Unemployment Compensation	\$ /year	\$ /year
Social Security Benefits	\$ /year	\$ /year
Total Pensions/Retirement Funds	\$ /year	\$ /year
Worker's Compensation	\$ /year	\$ /year
TANF/Food Stamps	\$ /year	\$ /year
Child Support received <i>(for all applicable dependents)</i>	\$ /year	\$ /year
Alimony	\$ /year	\$ /year
State Housing Assistance	\$ /year	\$ /year

Student Name: _____

Section III - INSTRUCTIONS:

- ✓ Please explain how your living expenses were met in 2015 (between January 1, 2015 to December 31, 2015).
- ✓ 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.

	Yearly Amount	Paid by: Self or Other (Other – Provide Name and Relationship)	Name on Bill, Lease, Mortgage, Loan etc.
Rent / Mortgage	\$ /year		
Utilities (<i>electric, water etc.</i>)	\$ /year		
Food (<i>groceries, meals out</i>)	\$ /year		
Transportation (<i>car payment, public transportation</i>)	\$ /year		
Insurance (<i>home, auto</i>)	\$ /year		
Cell Phone / Land Line	\$ /year		
Medical (<i>insurance, doctor co-pays</i>)	\$ /year		
Personal Care Items (<i>toiletries</i>)	\$ /year		
Entertainment / Recreation	\$ /year		

Please use this space provided to include any 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 official, 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.

Student Signature: _____

Spouse Signature (*optional*): _____