



Student Financial  
& Registration Services

**2019–2020 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 2019–20 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 **2017**.

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, 2017 to December 31, 2017** (some of this information was also reported on your FAFSA)
- ✓ 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**

<b>SOURCES OF INCOME in 2017</b> Please indicate <u>YEARLY</u> totals for student and spouse (if applicable)	<b>Student</b>	<b>Spouse</b>
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 (for all applicable dependents)	\$ /year	\$ /year
Alimony	\$ /year	\$ /year
State Housing Assistance	\$ /year	\$ /year

Student Name: \_\_\_\_\_

**Section III – INSTRUCTIONS:**

- ✓ Please explain how your living expenses were met in **2017** (between January 1, 2017 to December 31, 2017). If the yearly amount is “0” please provide additional detail in the space provided.
- ✓ 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.

	<b>2017 Yearly Amount</b>	<b>Paid by: Self or Other</b> (Other – Provide Name and Relationship)	<b>Name on Bill, Lease, Mortgage, Loan etc.</b>
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*): \_\_\_\_\_

**Note: We cannot accept electronic signatures**