

2018-19 Low Income Verification Worksheet

The income reported for you and/or your parents on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you and/or parents were able to provide for such needs as housing, food and utility bills during 2016. A number of benefit programs are not reported on the FAFSA, such as SNAP and government housing assistance, Social Security and will not affect your aid; we are just required to verify low income.

A. Student Information

Student Name _____ SS# _____

Address _____

Phone Number _____ Email _____

B. Federal Benefits – In 2016, did you, your parents, or anyone in your or your parents’ household receive any of the following federal benefits?

- SNAP(formerly known as food stamps)- Supplemental Nutrition Assistance Program
- SSI(Supplemental Security Income)
- TANF(Temp. Assist. for Needy Families) or WIC(Special Supplemental Nutrition Program for Women, Infants & Children)
- Free or Reduced Lunch

C. Income/Resources- Monthly Expenses

2016 Income/Resources- Please list the amounts of income received in 2016. Provide supporting documentation of income. Acceptable documentation includes: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements and/or a notarized statement from the relative or friend who provided the income.	Student	Parent/Stepparents
Income from work (gross amount)		
Unemployment or Disability		
Child Support Received		
Social Security Benefits		
Public Assistance/Subsidized Housing Income		
Veterans Benefits (non-educational)		
Support Received from Relatives/Friends		
2016 Monthly Expenses- Enter monthly amounts spent for 2016. Attach a separate sheet if additional space is needed.	Student	Parent/Stepparents
Rent/Mortgage		
Car Payment and insurance		
Groceries/Food		
Utilities (electric, water, sewer, etc.)		
Cell phone/Cable/Internet		
Child Care Expenses		
Medical/Dental/Vision expenses and/or insurance		
Other		

