



2018-2019 DEPENDENT LOW INCOME VERIFICATION

STUDENT: _____

STUDENT ID#: _____

Upon review of your FAFSA you submitted, we found that you and your parent(s) reported UNUSUALLY LOW INCOME to sustain the number of members in your household. Please complete the form below and submit the appropriate documentation for any sources of income.

**Student and Parent(s) combined
Yearly Income for 2016**

Items	Amount
Wages for Parents & Student	\$
Unemployment	\$
Child Support	\$
Federal and State Assistance	\$
SSI/SSD	\$
Savings & Checking	\$
Other (List):	\$
Total Income for 2016	\$

**Student and Parent(s) combined
Yearly Expenses for 2016**

Items	Amount
Mortgage/Rent	\$
Utilities	\$
Phone/Cell Phone	\$
Transportation	\$
Food	\$
Personal	\$
Other (List):	\$
Total Expenses for 2016	\$

_____ = _____
Total Income MINUS Total Expenses Available Income

If your yearly income is less than your yearly expenses, and the amounts are correct, please explain in detail, how your family was able to meet their basic living expenses with less income received in than what was being spent. If a relative, friend, agency or organization helped support your family expenses, please estimate the dollar amount given.

Please explain: _____

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

WARNING: If you purposely give false or misleading information reported on this worksheet, you may be fined, be sentenced to jail or both

Student's Signature _____ Date _____

Parents Signature _____ Date _____