



2018-2019 INDEPENDENT LOW INCOME VERIFICATION

STUDENT: _____

STUDENT ID#: _____

Upon review of your FAFSA you submitted, we found that you and your spouse 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.

Yearly Income for 2016

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

Yearly Expenses for 2016

Items	Amount
Mortgage/Rent	\$
Utilities	\$
Phone/Cell Phone	\$
Transportation	\$
Food	\$
Personal	\$
Other (List):	
	\$
Your 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: _____

The person signing this worksheet certifies that all of the information reported on it is complete and correct. The student 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 _____