

2020-2021 Income Verification Worksheet

A review of your financial aid application indicates that you and your parent(s) total income from all sources in 2018 appear to be unusually low. Please provide **ALL** of the information requested on this form and return the document to the Financial Aid Office.

Please specify if this form is being use to explain the income of the:

_____ Independent Student OR _____ Parent of a dependent student

Student name: _____ Student ID Number: _____

If family and friends support you, please provide an estimate of the total **value** of rent, food, utilities and miscellaneous bills that are provided for you by another person that you reside with.

Please Note: Value may not represent an actual amount, but could represent the amount you would pay if payment were required.

| Expense | Monthly Amount |
|--|-----------------------|
| Rent | \$ |
| Utilities | \$ |
| Food | \$ |
| Miscellaneous Bills (clothes, entertainment, etc.) | \$ |
| Total | \$ |

Did you or your parent(s), for dependent students, receive any of the following:

| Type of Income | Monthly Amount | Type of Income | Monthly Amount |
|---|-----------------------|------------------------------------|-----------------------|
| Social Security Benefits | \$ | Alimony | \$ |
| Unemployment | \$ | Pension/Retirement Benefits | \$ |
| Public Assistance (SNAP, Welfare, etc.) | \$ | Military/Clergy Allowances | \$ |
| Refunds from School Loans | \$ | Unreported Income | \$ |
| Withdrawals from Savings | \$ | Combat Pay | \$ |
| Child Support Received | \$ | Veteran’s Non-Educational Benefits | \$ |
| Cash Received from family or friends | \$ | Workers Compensation/ Disability | \$ |

If none of the above categories apply to you, please explain how you supported yourself:

Each person signing below certifies that all of the information reported is complete and correct.

 Student’s Signature Student’s Name (Print) Date

 Parent’s Signature Parent’s Name (Print) Date