

**2019-2020 Income Verification Worksheet**

A review of your financial aid application indicates that you and your parent(s) total income from all sources in 2017 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.) | \$             |
| <b>Total</b>                                       | \$             |

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