Office of Financial Aid
Verification of Low Income
Independent Student
2019-2020

Please complete the following worksheet so the financial aid office can determine how you met expenses throughout the 2017 fiscal year.

Annual Assistance/Un taxed Income for calendar year 2017

- Corporation benefits, TANF, AFDC, WIC
- Social Security Benefits
- Food Stamps (SNAP)
- Housing Assistance
- Child Support
- Worker’s Compensation
- (CRSC) Combat-related

(*In-kind support references the amount of money you would have to pay if not for utilizing another individual or family’s non-cash resources.) You are required to complete the in-kind support list below with estimated yearly amounts.

Rent/Housing $__________ Household Expenses $__________ Food $__________ Clothing $__________
Cell Phone $__________ Medical $__________ Insurance $__________ Car/Transportation $__________
Misc. Expenses $__________

(*Cash support is money given to you or bills in your name paid for you by someone else.) You are required to complete the cash support list below with estimated yearly amounts.

Rent/Housing $__________ Household Expenses $__________ Food $__________ Clothing $__________
Cell Phone $__________ Medical $__________ Insurance $__________
Car/Transportation $__________ Misc. Expenses $__________

My signature denotes that all of the above information is true to the best of my knowledge.

Student’s Signature: ___________________________ Date: ___________________________

Spouse’s Signature (optional): ___________________________ Date: ___________________________