

**2017-2018****VERIFY REPORTED LOW INCOME FORM**

The income reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how the household was financially supported during the **2015** calendar year. If you are a dependent student, you and your parent(s) must complete all lines below. If you are an independent student, you and your spouse (if married) must complete all lines below.

Student Name: _____ Student ID Number: _____

The information below must be completed for: You (the student) Your Parent(s) Your Spouse

Student/Spouse	2015 Monthly Income	Parent(s)	Student/Spouse	2015 Monthly Expenses	Parent(s)
\$	Wages from Work	\$	\$	Rent/Mortgage	\$
\$	Unemployment	\$	\$	Food	\$
\$	Welfare	\$	\$	Clothing	\$
\$	TANF	\$	\$	Utilities (Electricity, Water, Sewer, Cable)	\$
\$	Child Support Received	\$	\$	Car Payments	\$
\$	Food Stamps (SNAP)	\$	\$	Medical/Dental/Vision Insurance	\$
\$	Social Security	\$	\$	Car Insurance	\$
\$	Workers Compensation	\$	\$	Cell Phone	\$
\$	Pension	\$	\$	Gas for Vehicle	\$
\$	Support from Relatives or Friends	\$	\$	Childcare Expenses	\$
\$	Other Income	\$	\$	Other Expenses	\$

How will your family be supported for this current year (2017)?

By signing this form, I certify that the information included on this form is true, and I am willing to provide additional documentation if requested.

 Student's Signature

 Date

 Parent's Signature

 Date