



Student Financial Services | 715 North Avenue | New Rochelle, NY 10801 | 914.633.2497 | fax 914.885.1065 | sfs@iona.edu | www.iona.edu

2017-2018 Low Income Verification/Household Resources Form

The income that you or your parents reported on your Free Application for Federal Student Aid (FAFSA) appears unusually low. Complete this form and submit it to the Financial Aid Office to verify how your 2015 expenses were met. Please note that we cannot continue to process your aid until we receive this completed form. **Please note we cannot accept forms submitted with all \$0's, or where your annual expenses exceed your annual income.** See page 2 for instructions. *This form must be submitted and processed by July 15, 2017.*

Please Print Clearly
 Student Name: _____
 Student ID#: _____ Social Security #: _____
 Address: _____
 Daytime Phone: _____ Cell Phone: _____

PLEASE FILL IN EVERY SPACE-USE "0" IF AN ITEM DOES NOT APPLY TO YOU, YOUR SPOUSE, OR YOUR DEPENDENTS.

| Parent | 2015 EXPENSES | Student/Spouse | Parent | 2015 INCOME | Student/Spouse |
|-----------|--------------------------------|----------------|-----------|---|----------------|
| \$ _____ | Housing | \$ _____ | \$ _____ | Income from work (attach W-2) | \$ _____ |
| \$ _____ | Utilities | \$ _____ | \$ _____ | Social Security Benefits | \$ _____ |
| \$ _____ | Food | \$ _____ | \$ _____ | Child Support Received | \$ _____ |
| \$ _____ | Car Loan | \$ _____ | \$ _____ | Alimony/Separation Maintenance | \$ _____ |
| \$ _____ | Car Insurance | \$ _____ | \$ _____ | Welfare Benefits (AFDC/ADC or TANF) | \$ _____ |
| \$ _____ | Gas/Maintenance | \$ _____ | \$ _____ | Food Stamps/WIC | \$ _____ |
| \$ _____ | Public Transportation | \$ _____ | \$ _____ | Veterans Non Education Benefit | \$ _____ |
| \$ _____ | Medical/Dental | \$ _____ | \$ _____ | Unemployment Compensation | \$ _____ |
| \$ _____ | Health Insurance | \$ _____ | \$ _____ | Disability Benefits | \$ _____ |
| \$ _____ | Daycare | \$ _____ | \$ _____ | Payments to Taxed Deferred Pension/Savings | \$ _____ |
| \$ _____ | Clothing | \$ _____ | \$ _____ | Worker's Compensation | \$ _____ |
| \$ _____ | Recreation | \$ _____ | \$ _____ | Housing/Food/Other living allowances from military, church, family, friends, etc. | \$ _____ |
| \$ _____ | Other Untaxed Income (Specify) | \$ _____ | \$ _____ | Money paid on your behalf towards living or educational expenses | \$ _____ |
| | | | \$ _____ | Other Untaxed Income (Specify) | \$ _____ |
| \$ | TOTAL EXPENSES FOR 2015 | \$ | \$ | TOTAL INCOME FOR 2015 | \$ |

So that we can fully understand the student's family's financial situation, please provide an explanation of information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc.

DECLARATION OF CERTIFICATION: Upon signing this form, I/We certify that all information reported is complete and correct to the best of my ability, and that I have attached the above documentation, if applicable. I/We understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to a fine, imprisonment, or both under provision of the U.S. Criminal Code.

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____

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Instructions and Important Information

Housing, food, and other living allowances paid to members of the military, clergy, and others

- Include cash payments and/or the cash value of benefits received.

- Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Veteran's non-education benefits

- List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

- Do not include federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Other untaxed income

- List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

- Do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Money received or paid on the student's behalf

- List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2017–2018 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2017–2018 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

**Upon review of the information you provide above, additional documentation/explanations may be required.*

**If your total 2015 income is less than your total 2015 expenses, attach an explanation.*

**Attach all documentation where applicable (i.e. W-2 form, SSI Statement, etc.)*

**Please return completed form signed within two weeks to the above address or fax number.*