



## Low Income Verification Worksheet 2023-2024

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

On your Free Application for Federal Student Aid (FAFSA) you reported an unusually low total family income for 2021. Please complete the worksheet below on how you and/or your family met living expenses during the year. **Dependent students must also provide parent information.** Please give specific dollar amounts (if zero, please write "0") for all income and expenses. This form must be signed by the student and parent (if applicable).

**Please List 2021 Income and Expenses below:**

2021 Yearly Income	Student/ Spouse	Parent (if dependent)	2021 Yearly Expenses	Student/ Spouse	Parent (if dependent)
Employment (wages)	\$ /yr	\$ /yr	Housing: Rent/Mortgage and Taxes	\$ /yr	\$ /yr
Unemployment Benefits	\$ /yr	\$ /yr	Food	\$ /yr	\$ /yr
Social Security/Disability Benefits	\$ /yr	\$ /yr	Car Payments/Insurance	\$ /yr	\$ /yr
SNAP (food stamps)	\$ /yr	\$ /yr	Car Maintenance/Gas	\$ /yr	\$ /yr
Welfare, TANF, Public Assistance, WIC	\$ /yr	\$ /yr	Utilities/Telephone/Cable	\$ /yr	\$ /yr
Child Support Received for all children	\$ /yr	\$ /yr	Child Support/Alimony Paid	\$ /yr	\$ /yr
Worker's Compensation	\$ /yr	\$ /yr	Childcare	\$ /yr	\$ /yr
Bills paid by someone else on your behalf	\$ /yr	\$ /yr	Clothing	\$ /yr	\$ /yr
Cash or gifts paid by others	\$ /yr	\$ /yr	Credit Card Payments	\$ /yr	\$ /yr
Other Income (please specify)	\$ /yr	\$ /yr	Other Expenses (please specify)	\$ /yr	\$ /yr
<b>TOTAL 2021 INCOME *</b>	\$	\$	<b>TOTAL 2021 EXPENSES *</b>	\$	\$

\* Your "TOTAL 2021 Income" must EQUAL OR EXCEED the "TOTAL 2021 Expenses" provided. IF IT DID NOT, please provide an explanation and documentation of how you meet your yearly expenses on the reverse side of this form. *Please provide documentation of all yearly income listed.*

Student Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date Signed \_\_\_\_\_