



Low Income Verification Worksheet 2026-2027

Student Name: _____ Student ID#: _____

On your Free Application for Federal Student Aid (FAFSA) you reported an unusually low total family income for 2024. 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 2024 Income and Expenses below:

2024 Yearly Income	Student/ Spouse	Parent (if dependent)	2024 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 Recieved 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
TOTAL 2024 INCOME *	\$	\$	TOTAL 2024 EXPENSES *	\$	\$

*** Your “TOTAL 2024 Income” must EQUAL OR EXCEED the “TOTAL 2024 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 _____