

# 2017-2018 Verification of Low Income

Your FAFSA application indicated that you have reported an unusually low income. Please complete and return this form to verify your **2015 monthly expenses** and to show how those expenses were paid. Your financial aid **will not** be processed until this form has been completed, returned, and verified.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
SEARK ID #

**Please check one of the following and supply the information for the appropriate person(s):**

\_\_\_ I am a **DEPENDENT** student. (Please list each monthly expense and identify the source of payment for your parent/parents.)

\_\_\_ I am an **INDEPENDENT** student. (Please list each monthly expense and identify the source of payment for yourself/your spouse.)

**Please record the monthly cost for each item listed below and check the source(s) used to pay each expense. Also, do not leave any item blank; if it does not apply to your situation, write "0" or "N/A" for the response.**

Type of Expenses	Approximate Monthly Costs	Please check which sources were used to pay these Monthly Expenses			
		Relatives	Public Assistance	Income from Work	Other: Please specify by listing the source.
Housing/Rent	\$ _____				
Utilities	\$ _____				
Food	\$ _____				
Transportation (Car note, gas, insurance)	\$ _____				
Child Care	\$ _____				
Medical Expenses	\$ _____				

Please list the **TOTAL annual source** of money received and provide verification of each of the following for 2015:

Relatives: \$ \_\_\_\_\_                      Public Assistance: \$ \_\_\_\_\_  
Income from Work: \$ \_\_\_\_\_                      Other Sources: \$ \_\_\_\_\_

**By signing below, I/we certify that all of the information reported on this worksheet is complete and correct. (At least one parent must sign for a dependent student.) WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (If Dependent student)

\_\_\_\_\_  
Date

**Note: Incomplete forms will be returned, which will delay the processing of financial aid.**