

**2023-2024 Income Verification Worksheet**

A review of your financial aid application indicates that you and your parent(s) total income from all sources in 2021 appear to be unusually low. Please provide **ALL** of the information requested on this form and return the document to the Student Financial Services Office.

Please specify if this form is being used to explain the income of the:

\_\_\_\_\_ Independent Student                      OR                      \_\_\_\_\_ Parent of a dependent student

Student name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

If family and friends support you, please provide an estimate of the total **value** of rent, food, utilities and miscellaneous bills that are provided for you by another person that you reside with.

**Please Note:** Value may not represent an actual amount, but could represent the amount you would pay if payment were required.

<b>Expense</b>	<b>Monthly Amount</b>
Rent	\$
Utilities	\$
Food	\$
Miscellaneous Bills (clothes, entertainment, etc.)	\$
<b>Total</b>	\$

Did you or your parent(s), for dependent students, receive any of the following:

<b>Type of Income</b>	<b>Monthly Amount</b>	<b>Type of Income</b>	<b>Monthly Amount</b>
Social Security Benefits	\$	Alimony	\$
Unemployment	\$	Pension/Retirement Benefits	\$
Public Assistance (SNAP, Welfare, etc.)	\$	Military/Clergy Allowances	\$
Refunds from School Loans	\$	Unreported Income	\$
Withdrawals from Savings	\$	Combat Pay	\$
Child Support Received	\$	Veteran’s Non-Educational Benefits	\$
Cash Received from family or friends	\$	Workers Compensation/ Disability	\$

If none of the above categories apply to you, please explain how you supported yourself:

\_\_\_\_\_

\_\_\_\_\_

*Each person signing below certifies that all of the information reported is complete and correct.*

\_\_\_\_\_  
 Student’s Signature                      Student’s Name (Print)                      Date

\_\_\_\_\_  
 Parent’s Signature                      Parent’s Name (Print)                      Date