



INCOME/EXPENSE VERIFICATION FORM

_____ Student (Applicant) _____ Parent

Student's name: _____ Student's Social Security number: _____

The income you reported on the Free Application for Federal Student Aid (FAFSA) was considered low for you and/or your family. Please complete the information below to explain your source(s) of income and expenses.

Please list your sources of income, benefits, and/or money received during the calendar year that was used to meet your expenses. Include untaxed income and earnings not reported on the federal income tax return. If you are married, please include your spouse's information.

INCOME AND OTHER RESOURCES

Year _____	Type of income/resource _____	Type of income/resource _____	Type of income/resource _____	Type of income/resource _____
January	\$ _____	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____
December	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Total Income/Other Resources \$ _____

***Note: If student/parent receives additional income/resources, please list on a separate sheet of paper.

MONTHLY cost of utilities	_____
MONTHLY cost of housing	_____
MONTHLY cost of food	_____
MONTHLY cost of transportation	_____
MONTHLY cost of clothing and personal items	_____
Other Expenses: _____	_____
Total MONTHLY Living Expenses	_____

Monthly Expenses for year _____

I/we hereby certify that all the information reported on this form and any attachments hereto are true, complete, and accurate. False statements or misrepresentation may cause denial, reduction, withdrawal, and/or repayment of federal financial aid.

Student's Signature Date

Spouse's Signature Date

Parent's Signature Date