

Income/Expense Verification Form

Student's Name: _____ Student's ID: @ _____

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. List names of resources (Ex: Name of Employer, Unemployment Benefit, Social Security, Child Support, etc.) and amounts for each resource each month. Please enter a zero for any month you did not receive a specific resource. Include untaxed income and earnings not reported on the Federal income tax return. If you are married, please include your spouse's information as well.

Year	Name of Resource #1	Name of Resource #2	Name of Resource #3	Name of Resource #4
January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$
Total	\$	\$	\$	\$

Combined Total YEARLY Income/ 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 & personal items	\$
Other Expenses	
Total amount MONTHLY living expenses	\$
	X <u>12</u>
Total amount YEARLY living expenses	

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 Signature Date

Parent's/Spouse's Signature Date