Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The **2019** income you reported on the FAFSA appears to be unusually low. Please fill out the income worksheet below completely---leave no sections blank. When completed, this worksheet should show how you were able to support yourself and/or your family for **2019**. If you are a dependent student, you must include parental information on the back page. In all cases, the total yearly income must equal or exceed the total of all expenses recorded. If not complete, the form will be returned to you causing further delays in your verification process.

Section B: Expenses and Income Information for Calendar Year **2019**

DO NOT LEAVE ANY EXPENSES OR INCOME BLANK. LIST ZERO IF NO AMOUNT IS PAID OR RECEIVED.

|  |  |  |
| --- | --- | --- |
| Student | Income | Parent/Stepparent |
| per year | Earnings from all work | per year |
| per year | Unemployment Compensation | per year |
| per year | Withdrawals from savings | per year |
| per year | Social Security/Disability Benefits | per year |
| per year | Welfare, AFDC, TANF, SNAP | per year |
| per year | Bills paid by someone else on your behalf (total dollar value) | per year |
| per year | Child Support Received | per year |
| per year | Alimony Received | per year |
| per year | Cash received from family and/or friends | per year |
| per year | Total Financial Aid received in 2019-2020 | per year |
| per year | VA Benefits | per year |
| per year | Housing, food, and other living allowances | per year |
| per year | \*Other: explain below | per year |
| per year | TOTAL INCOME FOR **2019** | per year |

\*Examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the dollar value of support

received in **2019**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As certified by the signature below, all the information provided by myself or other is true and complete to the

best of my knowledge. I understand the Office of Financial Aid may request additional documentation to verify

the above information.