

Income/Expense Verification Form

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

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.

List types of resource and amounts:

Year: _____ **Income/Resource:** _____ **Income/ Resource:** _____ **Income/ Resource:** _____ **Income/ Resource:** _____

January	\$	\$	\$	\$
February	\$	\$	\$	\$
March	\$	\$	\$	\$
April	\$	\$	\$	\$
May	\$	\$	\$	\$
June	\$	\$	\$	\$
July	\$	\$	\$	\$
August	\$	\$	\$	\$
September	\$	\$	\$	\$
October	\$	\$	\$	\$
November	\$	\$	\$	\$
December	\$	\$	\$	\$
Total	\$	\$	\$	\$

Combined 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 & personal items	\$
Other Expenses	\$
Total amount MONTHLY living expenses	\$

Monthly expenses for year	\$
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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: _____