



# 2017-2018 LOW INCOME VERIFICATION FORM

Office of Student Financial Aid P.O. Box 9031 Virginia State University, VA 23806 Fax: 804-524-6818

## Section A: Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Student ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## Section B: Dependency Status

**Dependent**- If your parent was required to submit information on the FAFSA, you must complete this form as a dependent student and provide parental information. **Note: Please complete the Student and Parent sections of this form.**

**Independent**- If your parent was not required to submit information on the FAFSA, you are considered an independent student and do not need to provide parental information. **Note: Please complete the Student/Spouse sections only of this form.**

## Section C: Income/Resources

The 2015 income you reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please FULLY complete this form, explaining how you were able to provide housing, food, clothing etc. for your household in 2015.

**\*Attach appropriate W-2's or other income statement/forms**

**\*If not applicable write "N/A", otherwise, you MUST enter an amount**

2015 Monthly Expense Items	2015 Monthly Amount Paid by Student/Spouse	2015 Monthly Amount Paid by Parent(s)
Rent/Mortgage	\$	\$
Car Payment & Insurance	\$	\$
Utilities (Elec., Gas, Water, Cable)	\$	\$
Food (not food stamps)	\$	\$
Clothing	\$	\$
Entertainment	\$	\$
Other (Misc.)	\$	\$
<b>Total Annual Expenses</b>	\$	\$
2015 Income/Resources	2015 Amount Received Per Month by Student/Spouse	2015 Amount Received Per Month by Parent(s)
Income from work (gross amount)	\$	\$
Unemployment compensation	\$	\$
Supplemental Security Income (SSI), Social Security Disability Income (SSDI) or other Social Security received, Pension	\$	\$
Child Support/ Alimony Received	\$	\$
Monetary Gifts from family/friends	\$	\$
Financial Aid Refund used for living expenses (yearly)	\$	\$
<b>Total Annual Income/Resources</b>	\$	\$

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under the penalty of perjury.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature (if dependent) Date