



2016-2017 Low Income Verification Form

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

A. Student Information

Last Name: _____ First Name: _____ MI: _____

Student ID: _____ Phone Number: _____

B. Additional Income Information

The 2015 income you reported on your 2016-2017 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, utilities, clothing, etc. for your household in 2015. Please include

- Student information in the Left Column (include spouse if married)
- Parental information in the Right Column (include step-parent if applicable)
- Attach appropriate W-2's or other income statements/forms
- If not applicable write "N/A", otherwise, you Must enter an amount

Student/Spouse 2015 Annual Amount	Source and amount of income in 2015 (January 1-December 31)	Parent(s) - 2015 Annual Amount
	Earnings from work	
	Unemployment compensation	
	Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or other Social Security received	
	Child support received	
	Bills paid for you (either directly to the creditor or cash to you for food, clothing, housing, childcare, transportation, etc.)	
	Cash gifts	
	Public assistance, including housing, utility assistance, food stamps, etc.	
	Disability income (not SSDI)	
	Other (please specify source):	
	Total Amount	

C. Sign this Worksheet

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