

INCOME AND EXPENSES
VERIFICATION FORM



Student's Name _____

We have received your FAFSA, and need further information on how your family is able to support themselves on the income reported.

EXPENSES

Please report the average **MONTHLY** expenses for your family. \$ _____
Include expenses such as rent, utilities, food, transportation, insurance and personal expenses.

INCOME

Please report the average **MONTHLY** income for your family from all sources:

- Employment \$ _____
- Taxed Social Security \$ _____
- Untaxed Social Security \$ _____
- Veteran's Benefits \$ _____
- Child Support \$ _____
- Disability \$ _____
- Public Assistance (AFDC, SNAP, TANF, etc.) \$ _____
- Alimony \$ _____
- Unemployment \$ _____
- Retirement \$ _____
- Support from family or friends \$ _____
- Other: _____ \$ _____

Please let us know of any special circumstances you would like to bring to our attention:

Certification:

I certify that this information is complete and correct.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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