



INCOME AND EXPENSES VERIFICATION FORM

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

Student Name

Student ID Number

Please print or type

SECTION A · EXPENSES

Please report the average **monthly** expenses for your family.

Include expenses such as rent, utilities, food, transportation, insurance and personal expenses.

SECTION B · INCOME

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

Employment	<input type="text" value="\$"/>	Public Assistance (AFDC, SNAP, TANF, etc.)	<input type="text" value="\$"/>
Taxed Social Security	<input type="text" value="\$"/>	Alimony	<input type="text" value="\$"/>
Untaxed Social Security	<input type="text" value="\$"/>	Unemployment	<input type="text" value="\$"/>
Veteran's Benefits	<input type="text" value="\$"/>	Retirement	<input type="text" value="\$"/>
Child Support	<input type="text" value="\$"/>	Support from family or friends	<input type="text" value="\$"/>
Disability	<input type="text" value="\$"/>	Other: _____	<input type="text" value="\$"/>

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

SECTION C · CERTIFICATION

I certify that this information is complete and correct.

Student Signature

Date

Parent Signature

Date