

2018-2019 NO or LOW INCOME WORKSHEET

Last Name	_First Name	SSN/ID
1. The income you reported on your 2018-2019 FAFSA appears to be unusually low. The federal government requires that you verify how you were able to live on the low income that you reported. Please complete the chart below by reporting the amount paid on your behalf for 2016 for each expense. This should include yearly figures for cash received and expenses in your name that were paid by someone else. Please do not leave any items blank.		
Student Living Expenses	Expenses (L December 3	ist the amount paid on your behalf from January 1 to 1, 2016)
What is the dollar amount of the lease or mortgage payment in y name per year. DO NOT INCLUDE SUBSIDIZED HOUSING.	our \$	
Electric, gas, water bills in your name per year.	\$	
Telephone bills (include cell phones) in your name per year.	\$	
Insurance (car, medical, etc.) that is in your name per year.	\$	
Car Payments or expenses in your name per year.	\$	
Any credit card, loan or other bills <i>not listed elsewhere on this for</i> were in your name and paid for you <u>per year</u> , including cash gift loans.		
Grocery money received per year. DO NOT INCLUDE FOOD STAMPS.	\$	
Gasoline cost per year.	\$	
Clothing expenses per year.	\$	
Medical and/or dental care per year.	\$	
Payment of college costs per year. DO NOT INCLUDE FINANCAID	CIAL \$	
Total-include this amount on the Independent Verification Works under cash paid on your behalf.	heet \$	
separate page.)		
Student's Signature:		Date:
* * * * Offic I have spoken with this student. The student has verified to me that he/s Above reported bills are in the student's name and are paid in the Student received "in kind" support from relatives or friends.	he had low income as report	n l y * * * ed above for the time frame specified at the top.
Financial Aid Officer's Signature		Date

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