

**2019-2020 NO or LOW INCOME WORKSHEET**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ SSN/ID \_\_\_\_\_

**1. The income you reported on your 2019-2020 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 2017 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 (List the amount paid on your behalf from January 1 to December 31, 2017)
What is the dollar amount of the lease or mortgage payment <b>in your name per year.</b> DO NOT INCLUDE SUBSIDIZED HOUSING.	\$
Electric, gas, water bills <b>in your name per year.</b>	\$
Telephone bills (include cell phones) <b>in your name per year.</b>	\$
Insurance (car, medical, etc.) that is <b>in your name per year.</b>	\$
Car Payments or expenses <b>in your name per year.</b>	\$
Any credit card, loan or other bills <i>not listed elsewhere on this form</i> that were <b>in your name</b> and paid for you <u>per year</u> , including cash gifts and loans.	\$
Grocery money received <u>per year.</u> DO NOT INCLUDE FOOD STAMPS.	\$
Gasoline cost <u>per year.</u>	\$
Clothing expenses <u>per year.</u>	\$
Medical and/or dental care <u>per year.</u>	\$
Payment of college costs <u>per year.</u> DO NOT INCLUDE FINANCIAL AID	\$
Total-include this amount on the Independent Verification Worksheet under cash paid on your behalf.	\$

**2. Explain how you financially supported yourself during 2017. Be sure to state how you were able to meet your living expenses listed above. Include, if you were supported by a relative, another person or organization. (If more space is needed, attach a separate page.)**

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\_\_\_\_\_  
 Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \* \* **O f f i c e U s e O n l y** \* \* \*

I have spoken with this student. The student has verified to me that he/she had low income as reported above for the time frame specified at the top.

- Above reported bills are in the student's name and are paid in the student's behalf.
- Student received "in kind" support from relatives or friends.

\_\_\_\_\_  
 Financial Aid Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_