



Office of Financial Aid

NAME _____

ID/SSN _____

VERIFICATION OF INCOME

According to the information provided on your application for financial aid, your income is low in comparison to your household size. We are required to review situations where the reported income is unusually low. In order to assist us in this review and expedite the processing of your financial aid, please complete the worksheet below. If you are uncertain of the exact amounts, use your best estimate.

Please report ANNUAL amounts of 2007 income.

	<u>STUDENT/SPOUSE</u>	<u>PARENTS</u>
Welfare benefits, including Temporary Assistance for Need Families (TANF). Don't include food stamps or subsidized housing.	\$ _____	\$ _____
Untaxed Social Security Benefits (such as SSI).	\$ _____	\$ _____
Child support received for all children. Don't include foster care or adoption payments.	\$ _____	\$ _____
Housing, food & other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$ _____	\$ _____
Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work Study allowances.	\$ _____	\$ _____
Other untaxed income such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc.	\$ _____	\$ _____

Student Signature/Date

Parent Signature/Date (if applicable)