

2020-2021 Additional Resources and Expenses Verification Form

Student Name: _____ **Student ID#** _____

Email: _____ **Home/Cell Phone** _____

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. This process is mandated by the US Department of Education requiring schools to verify the data provided on the FAFSA to ensure its accuracy. To verify that you provided correct information, we need information about other sources of income and support that may not be reported on FAFSA. We will compare your FAFSA with the information on this worksheet and all other required document(s). You must complete and sign this worksheet and submit it to the Financial Aid Office.
NOTE: Additional documentation may be requested for clarification.

Please complete the sections below.

1. Federal Benefits:

In 2018, did you, your parents, or anyone in your household receive any of the following federal benefits? **Check all that apply.**

<input type="checkbox"/>	SNAP (formerly known as food stamps) Supplemental Nutrition Assistance Program
<input type="checkbox"/>	SSI (Supplemental Security Income)
<input type="checkbox"/>	TANFT (Temporary Assistance for Needy Families) or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
<input type="checkbox"/>	Free or Reduced Lunch

2. Income and Resources:

Please list the amounts of income received in 2018 from the listed resources. You must provide supporting documentation for all income listed below. Acceptable documentation included: W-2s statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements, Separation Agreement, Divorce Decree, and/or a signed, notarized statement from a relative or friend who provided income. **Please answer every question. DO NOT leave anything blank.**

Income from work (gross amount)	
Unemployment or Disability	
Child Support, Alimony, Post-Separation Support Received	
Social Security Benefits	
Public Assistance/Subsidized Housing Income	
Veterans Benefits (non-educational)	
Any Other Support Received including from Relatives/Friends	

See Reverse



Established in 1851

- Scholarship.
- Character.
- Culture.
- Service.

3. Monthly Expenses:

Please list all monthly expenses for 2018. Attach a separate sheet if additional space is needed. **Please answer every question. DO NOT leave anything blank.**

Rent/Mortgage	
Car Payment and Insurance	
Groceries/Food	
Utilities (electricity, water, sewer, etc...)	
Cell Phone/Cable/Internet	
Child Care Expenses	
Medical/Dental/Vision expenses and/or insurance	
Other	

4. Explanation of Situation:

Please explain your financial situation. Include details explaining how you and/or your parents covered the expenses listed above such as housing, utilities, food, etc... for 2018. Please attach a separate sheet if additional space is need. **DO NOT leave this section blank.**

5. Signatures

Each person signing below certifies that all of the information reported is complete and correct.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/SPOUSE SIGNATURE: _____ **DATE:** _____

(If applicable)

WARNING: If you purposely give false or misleading information in an attempt to obtain federal financial aid, you may be fined up to \$20,000 and/or incarcerated.