



## 2020-2021 Low Income / Untaxed Income Verification Form

*The 2018 income that you and/or your family reported on your FAFSA appears to be insufficient to have supported a household of your size. Please provide us with the following information regarding your family's income. We will be unable to process your application for financial assistance until this form is completed and returned with supporting documentation. \*If a section is zero, please write \$0.\**

Last name, First name \_\_\_\_\_

StudentID \_\_\_\_\_

For the 2018 Calendar Year...		
Did you receive Supplemental Security Income (SSI)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you receive Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you receive Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you receive Free or Reduced Price School Lunch?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you receive Subsidized/Section 8 housing?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Did you receive Social Security Disability (SSD)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

			ANNUAL AMOUNT (Student/Spouse)	ANNUAL AMOUNT (Parent)
Did you receive disability OTHER THAN Social Security Disability? (SSD)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive taxable earnings from need based employment? (e.g. work study)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive veterans' non-education benefits?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive Worker's Compensation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you make payments to a tax-deferred pension? Including, but not limited to amounts reported on 2018 W-2 Form in Box 12a-d, codes D, E, F, G, H and S?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive Alimony?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive Unemployment Compensation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you have grant and scholarship aid reported to the IRS in the adjusted gross income?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive combat pay or special combat pay? Only enter the taxable amount. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive cash or have money paid on your behalf not reported elsewhere on this form? (e.g. Financial help for household bills, food, rent, cell phone, child support received etc.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$
Did you receive any other untaxed income or benefits not reported elsewhere on this form? (Don't include student financial aid, earned income credit, welfare payments, untaxed social security benefits, supplemental security income, workforce investment act educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	\$	\$

If you and your parents/spouse did not have any income or receive any type of assistance for 2018, please provide an explanation regarding how the family was supported in 2018: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature (Required only for Dependent Students) \_\_\_\_\_

Date \_\_\_\_\_