

2026-2027 Income Verification Worksheet

A review of your financial aid application, it was indicated that you and your parent(s) total income from all sources in 2024 appear to be unusually low. Please provide **ALL** of the information requested on this form and return the document to the Student Financial Services Office.

Please specify if this form is being used to explain the income of the:

_____ Independent Student OR _____ Parent of a dependent student

Student name: _____ Student ID Number: _____

If family and friends support you, please provide an estimate of the total **value** of rent, food, utilities and miscellaneous bills that are provided for you by another person that you reside with.

Please Note: Value may not represent an actual amount, but could represent the amount you would pay if payment were required.

Expense	Monthly Amount
Rent	\$
Utilities	\$
Food	\$
Miscellaneous Bills (clothes, entertainment, etc.)	\$
Total	\$

Did you or your parent(s), for dependent students, receive any of the following:

Type of Income	Monthly Amount	Type of Income	Monthly Amount
Social Security Benefits	\$	Alimony	\$
Unemployment	\$	Pension/Retirement Benefits	\$
Public Assistance (SNAP, Welfare, etc.)	\$	Military/Clergy Allowances	\$
Refunds from School Loans	\$	Unreported Income	\$
Withdrawals from Savings	\$	Combat Pay	\$
Child Support Received	\$	Veteran's Non-Educational Benefits	\$
Cash Received from family or friends	\$	Workers Compensation/ Disability	\$

If none of the above categories apply to you, please explain how you supported yourself:

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

Student's Signature Student's Name (Print) Date

Parent's Signature Parent's Name (Print) Date