

2018-2019 Low Income Verification Form

The income reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how your family was able to provide for such needs as housing, food and utility bills during the 2016 year.

Student's Last Name First Name M.I. T-Number

Student's Phone Number (including area code) Email Address

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

Independent Student - or - Parent of a Dependent Student

SECTION A: Income Information for 2016

- 1) Please list all income you received in 2016.** Include income from work, disability, unemployment, social security, child support or income received from relatives/friends.
- 2) You must provide supporting documentation of income.** Documentation includes (but not limited to): W-2/1099 forms, print outs from Social Security, Employment Security Commission, Child Support Enforcement, and/or a statement from the person who provided the income.

Enter Estimated Income from ALL sources: Provide Documentation. Please enter "0" if not applicable.

January 2016	\$	May 2016	\$	September 2016	\$
February 2016	\$	June 2016	\$	October 2016	\$
March 2016	\$	July 2016	\$	November 2016	\$
April 2016	\$	August 2016	\$	December 2016	\$
				Yearly Total	\$

SECTION B: Expense Information for 2016

Enter the amount your spent in 2016 (attach a separate sheet if additional space is needed). Please note: We will be unable to review your file if we do not receive the information requested and the applicable documentation.

Monthly Expense	AVERAGE per Month	Explain how you met this expense:
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parent or other, pay no housing expenses.	\$	
Utilities: Gas, Phone, Power, Water:	\$	
Major payments by month: Cell Phone Bill	\$	
Internet and/or Cable Bill	\$	
Car Insurance and/or payment:	\$	
Credit Cards:	\$	
Other:	\$	
Food	\$	
Child Care	\$	
Other (please specify):	\$	
Monthly Total	\$	

SECTION C: Explanation of Situation: How were your expenses covered?

Please explain your situation. Include as much detail as possible to clarify how expenses such as housing, utilities, and other living expenses were covered for 2016 (attach a separate sheet of paper if additional space is needed):

Certification Statement

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

I ALSO UNDERSTANT THAT:

Additional information may be required if this form is incomplete, documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided.

Student's Signature: _____ Date: _____

Parent/Spouse Signature: _____ Date: _____

Submit this worksheet to the SUU Financial Aid and Scholarship Office
351 W. University Blvd., Cedar City UT 84720 • (435) 586-7735 (phone) • (435) 586-7736 (fax)