

Year 2010 Low Income Verification Form For 2011-2012 Financial Aid

The Federal Government is questioning how your financial needs were met for the year 2010. If you were employed, or received an amount of untaxed income, please indicate the type of income and the total amount received for 2010.

Complete ONLY ONE (1) of the sections below.

SECTION 1:

Source of **Earned** Income _____ \$ _____ Annual Amount _____ Source of **Untaxed** Income _____ \$ _____ Annual Amount _____
Wages from employment _____ **-OR-** **(DHS, SSI, FIA ECT...)** _____

SECTION 2:

If you were **not employed** or **did not receive** any untaxed income, but reside with individuals who support you, please indicate a dollar value you would assess to that support. *To do this you will need to go over the monthly expenses with the head of household.*

Example:
The amounts shown as an example will be used to complete the monthly assistance box. Your amounts will vary according to the assistance provided by your head of household.

Head of Household Name			
Relationship to you		# in household	
<u>Monthly expenses to consider are as follows:</u>			
Rent/Mortgage	\$	Gas	\$
Electric	\$	Phone	\$
Car Payment	\$	Car Maintenance	\$
Clothing	\$	Credit Cards	\$
Insurance Premiums	\$	Furniture	\$
Child Support Paid	\$	Other Miscellaneous	\$
Water	\$	Medical/Dental	\$
Food	\$	Child Care	\$
Personal Expenses	\$		
Total Amount of Column	\$	Total Amount of Column	\$

Rent/Mortgage	\$500	Gas	\$
Electric	\$75	Phone	\$
Car Payment	\$200	Car Maintenance	\$
Clothing	\$	Credit Cards	\$
Insurance Premiums	\$	Furniture	\$
Child Support Paid	\$	Other Miscellaneous	\$300
Water	\$75	Medical/Dental	\$
Food	\$500	Child Care	\$
Personal Expenses	\$		
Total of Column	\$1350	Total of Column	\$300

Use this box to total your **Monthly Assistance** →

Total Monthly Expenses	\$
# months you resided in the Household	X
Total Yearly Expenses	= \$
Divided by # in Household	÷
Total Support Provided	= \$

Total Monthly Expenses	\$ 1650
# months you resided in the Household	X 12
Total Yearly Expenses	= \$ 19800
Divided by # in Household	÷ 5
Total Support Provided	= \$ 3960

-OR-

Section 3: I was incarcerated during 2010 beginning _____ 2010 and ending _____ 2010.

Month

Month

Please provide taxable and non-taxable income for any portion of the year 2010 you were not incarcerated:

Total Taxable income \$ _____ Source: _____

Total Non-taxable income \$ _____ Source: _____

Student Signature

Student ID #: _____ Date

Head of Household Signature

Social Security Number