2026/27 VERIFICATION OF LOW INCOME

Student Name_____ **College ID / SSN#**_____

The 2024 income which you reported on the 2026-2027 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below:

2024 MONTHLY EXPENSES

STUDENT/PARENT LIVING EXPENSES	**EXPENSES** Jan 1, 2024 to Dec. 31, 2024	**SUPPORT RECEIVED** Jan 1, 2024 to Dec. 31, 2024	**WHO PAID THIS EXPENSE?**
Housing (rent/mortgage)	$		
Utilities	$		
Child Care	$		
Food	$		
Auto (car payment, gas, insurance, maintenance)	$		
Medical/Dental	$		
Personal/Misc.	$		
TOTAL MONTHLY EXPENSES	$		XXXXXX
TOTAL ANNUAL EXPENSES (Total Monthly x 12)	$		XXXXXX

2024 MONTHLY INCOME/RESOURCES

Wages	$
Welfare Benefits	$
AFDC, TEA, TANF	$
Food Stamps	$
Housing Subsidies	$
Cash Support/Gifts	$
Social Security Benefits - SSI	$
Social Security Disability - SSDI	$
Child Support	$
Other (Specify)	$
TOTAL MONTHLY INCOME	$
TOTAL ANNUAL INCOME (monthly income X 12)	$

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION

_____

_____

_____

_____

_____

_____

I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

SIGNATURE (student)_____ DATE_____

SIGNATURE (parent)_____ DATE_____

(for office use only)

Amount(s) to add to income: Room/Board_____ Transportation_____ Misc/Pers. _____

Other_____ Total amount to add to untaxed income: _____

_____

_____

_____

_____

Signature of FA Administrator_____ Date_____