

2020-2021 Household Income and Expense Verification Form

Studen Studen	
	Number
Please	dentify one of the following that applies to you:
	I am INDEPENDENT for financial aid purposes because I did not have to provide my parental information on the FAFSA. If this is your case, this form must be completed by you and your spouse, if married .
	I am DEPENDENT for financial aid purposes because I did have to provide my parental information on the FAFSA. If this is your case, this form must be completed and signed by you and your parent(s) .

List the Amounts Received for Each Item Listed Below for the Entire 2018 Calendar Year	Student/Spouse	Parent(s)
Untaxed wages, salaries, and tips (non-taxable) – W2 forms required*	\$	\$
Cash Support Received (cash, gifts, housing, food, payments, etc.)	\$	\$
Social Security Benefits (non-taxable)	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$
Unemployment Benefits (non-taxable)	\$	\$
Child Support/Alimony Payments Received	\$	\$
Veterans Benefits (non-taxable, non-educational)	\$	\$
Financial Aid Received	\$	\$
Any Other Income Not Reported on W2 or 2018 Tax Return (explain):	\$	\$
List the Amounts Paid for Each Expense Listed Below for the Entire 2018 Calendar Year	Student/Spouse	Parent(s)
Elitife 2016 Calcilual Teal		
Rent or House Payment	\$	\$
	\$	\$
Rent or House Payment	\$ \$ \$	\$ \$ \$
Rent or House Payment Utilities and Phone	\$	\$
Rent or House Payment Utilities and Phone Automobile Expenses including payments, gas, insurance, etc.	\$	\$
Rent or House Payment Utilities and Phone Automobile Expenses including payments, gas, insurance, etc. Personal Expenses (clothing, toiletries, etc.)	\$ \$ \$	\$ \$ \$
Rent or House Payment Utilities and Phone Automobile Expenses including payments, gas, insurance, etc. Personal Expenses (clothing, toiletries, etc.) Childcare	\$ \$ \$	\$ \$ \$ \$
Rent or House Payment Utilities and Phone Automobile Expenses including payments, gas, insurance, etc. Personal Expenses (clothing, toiletries, etc.) Childcare Healthcare	\$ \$ \$ \$ \$	\$ \$ \$ \$

Certification:

By signing below, I/we acknowledge and confirm that the above information is complete and accurate.
Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If the student
is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature	
Parent Signature	
Date	

^{*}Electronic signatures are not acceptable.