



# LOW INCOME VERIFICATION FORM

The Office of Student Financial Aid P.O. Box 9031 Virginia State University, VA 23806 Fax: 804-524-6818

\_\_\_\_\_  
Last Name (Please Print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone

You are completing this document, because there were inconsistencies with the information reported on your FAFSA regarding your living expenses. Please submit any expenses that pertain to your circumstances within the resource columns below. Attach any legal documentation such as child support, unemployment benefits, etc., when submitting this form to The Office of Student Financial Aid.

### Yearly Expenses/Resources for 2019

Yearly Child Support /Alimony Received	\$
Yearly Automobile Expenses (Payments & Insurance, Gas)	\$
Yearly Food Expense	\$
Yearly Housing Expenses (Rental/Mortgage)	\$
Yearly Income from Wages Earned (Parent)	\$
Yearly Income from Wages Earned (Student/Spouse)	\$
Yearly Estimation of Monetary Gifts from Family/Friends	\$
Yearly Social Security SSI, Disability, and/or Pension	\$
Yearly TANF, Welfare Expense	\$
Yearly Unemployment Benefits	\$
Yearly Estimation of Utilities Expenses	\$
Yearly VA Benefits	\$
Total Annual Income/Resources	\$

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct to the extent of my knowledge. I understand any false information given will be subject to a penalty of perjury.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent Signature (For Dependent Student)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Spouse Signature (For Independent Student)

\_\_\_\_\_  
Date: