**Income Verification Worksheet**

The purpose of this worksheet is to help us understand how you met your basic living expenses for the last calendar year. Our intent is to gain a better understanding of your financial situation, so that we may make a fair and accurate assessment regarding eligibility for all types of financial aid programs.

Please fill in this form completely. Enter "0" where appropriate. If a question does not apply to your situation, write "N/A."

Please provide information for the following: Student ____ Parent ____

**Student Name: _____ Social Security No.: _____**

## Cost of Living

| | **Student (& spouse):** | | **Parent(s):** | |
|---|---|---|---|---|
| **Item** | **Monthly Amount** | **Annual Amount** | **Monthly Amount** | **Annual Amount** |
| Rent or Mortgage | | | | |
| Utilities (heating, water, electricity, garbage, etc.) | | | | |
| Telephone | | | | |
| Renter's Insurance | | | | |
| Food | | | | |
| Household Supplies | | | | |
| Car Payment or Public Transportation Cost | | | | |
| Automobile Insurance | | | | |
| Gas and Maintenance | | | | |
| Clothing | | | | |
| Laundry and dry cleaning | | | | |
| Personal Items | | | | |
| Medical Insurance (if paid from your monthly net income) | | | | |
| Out of pocket medical payments | | | | |
| Debt Payments | | | | |
| Entertainment | | | | |
| Child Support or alimony paid | | | | |
| Other expenses (please list) | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

## Sources of Income

| Sources of Income | Student (& spouse): Monthly Amount | Student (& spouse): Annual Amount | Parent(s): Monthly Amount | Parent(s): Annual Amount |
|---|---|---|---|---|
| Wages | | | | |
| Business Income | | | | |
| Interest and Dividends | | | | |
| Income from trusts or other assets | | | | |
| Unemployment | | | | |
| Social Security/SSI | | | | |
| AFDC or other federal or state benefits (including food stamps) | | | | |
| Earned income credit and additional child tax credit | | | | |
| Refunds of state taxes | | | | |
| Child Support/ Alimony received | | | | |
| Cash gifts given to you | | | | |
| Estimated value of non-cash benefits (for example housing provided in lieu of wages) | | | | |
| Estimated value of food you provide for yourself and family (through farming, hunting, fishing, etc.) | | | | |
| Other income: (please list) | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

Signatures are required for the individuals who have provided information on this form. A spouse's signature is not required.

**Student Signature: _____ Date: _____**

**Parent Signature: _____ Date: _____**