

# 2019-2020 Income Assessment Statement

Student Name \_\_\_\_\_ Colleague ID# \_\_\_\_\_

**Parent Statement**
                         
  **Student/Spouse Statement**

**If you did not file a 2017 Federal Tax Return, please state the reason why:** \_\_\_\_\_

You indicated an unusually low income for your family and/or yourself in **2017**. You must verify how you were able to live on this amount. **In order to continue processing your Free Application for Federal Student Aid (FAFSA)**, please complete this form in full and return it to the Office of Financial Aid.

Type of Expense - 2017	Annual Amount (Do NOT write monthly amounts)
Rent or Mortgage	\$
Utilities	\$
Telephone	\$
Food (Do not include SNAP)	\$
Clothing	\$
Entertainment	\$
Transportation	\$
Other	\$
<b>Total Expenses for Parent/Student (and spouse, if married) for 2017</b>	<b>\$</b>

**Note: Resources must equal or exceed living expenses**

**You may be required to submit additional documentation at the request of your Financial Aid Advisor**

2017 INCOME AND RESOURCES	2017 ANNUAL AMOUNT
Income earned from work	\$
Child support received for all children	\$
Alimony or separate maintenance	\$
Entitlement <b>Specify</b> - <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> ADC <input type="checkbox"/> AFDC <input type="checkbox"/> SNAP	\$
Social Security benefits for all family members <b>Specify</b> - <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> SSD	\$
Veterans' benefits — specify type	\$
Unemployment compensation	\$
Disability benefits - <b>other than Social Security</b>	\$
Pension or retirement benefits	\$
Workman's compensation	\$
Housing, food or living allowances for military, clergy, etc.	\$
Loans— <b>specify from whom:</b>	\$
Gifts or cash support -- <b>specify which and from whom:</b>	\$
Other – <b>specify type</b>	\$
Other – <b>specify type</b>	\$
<b>Total income in 2017</b>	<b>\$</b>

**Turn over to complete form**



