



2014-2015 LOW BASE YEAR INCOME STATEMENT

Student Name _____ Student ID #A _____

Based on the information you provided on your 2014-2015 FAFSA, the Department of Education has determined your income to be unusually low, therefore, you have been selected for verification and **MUST complete this form in its entirety** (all three sections). This worksheet should show how you were able to support yourself and/or your family for 2013. In all cases, your total family income should equal or exceed the total family expenses.

- You MUST complete all three sections of this form.
- You MUST attach supporting documentation (if applicable).
- If you are a dependent student, your parent MUST complete parental information.

If this form is NOT completely filled out and supporting documentation NOT attached, where applicable, it will be returned to you for completion.

Section A – Family income

- Please list all income received in 2013.
- Be sure to list **MONTHLY** amounts.
 - All sources will be calculated annually (12 months) unless otherwise indicated.
- All boxes MUST be complete - even if zero.
- If the column does not apply to you, please put N/A.

You must provide documentation of any support received from outside agencies (i.e. Social Security, Social Services, bank, etc.)

	Student	Spouse (if married)	Mother / Stepmother (if dependent)	Father / Stepfather (if dependent)					
Earnings from all jobs (provide copies of W-2's/1099)	\$	\$	\$	\$					
Unemployment Compensation (provide documentation)	\$	\$	\$	\$					
Withdrawals from savings accounts, retirement plans, trust funds, etc.	\$	\$	\$	\$					
Social Security or disability benefits (provide documentation)	\$	\$	\$	\$					
Workers' Compensation (provide documentation)	\$	\$	\$	\$					
Child support received (provide documentation)	\$	\$	\$	\$					
Alimony received (provide documentation)	\$	\$	\$	\$					
Cash received from other sources (e.g. family, friends, roommate etc.)	\$	\$	\$	\$					
Public Assistance AFDC, ADC, TANF and SNAP (provide documentation)	\$	\$	\$	\$					
Bills paid by someone else on your behalf (e.g. family, friends, roommate)	\$	\$	\$	\$					
Cash support received from other sources. (e.g. family, friends, roommate)	\$	\$	\$	\$					
In-kind support (includes: food, shelter, clothing, non-cash gifts, and/or low-income housing etc)	\$	\$	\$	\$					
Other Income _____	\$	\$	\$	\$					
Total Income:	\$	+	\$	+	\$	+	\$	=	Total Family Income \$

List types of In-kind support and/or Other Income: _____



