



FINANCIAL AID OFFICE
P.O. BOX 7010 • EL DORADO, AR • 71731-7010
(870) 864-7150

2019-2020 VERIFICATION OF LOW INCOME

Student Name _____ **College ID / SSN#** _____

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as Social Security Benefits, SSI Benefits, student aid, federal veterans education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student's name and ID number at the top. **Please itemize your income and expenses below:**

2017 MONTHLY EXPENSES

STUDENT/PARENT LIVING EXPENSES	EXPENSES List the amount per month from Jan.1, 2017 to Dec. 31, 2017 (paid by self &/or others)	SUPPORT RECEIVED List the amount per month from Jan. 1, 2017 to Dec. 31, 2017 (paid by self &/or others)	WHO PAID THIS EXPENSE? (Parent, friend, SNAP, HUD, etc.)
Housing (Rent/Mortgage)			
Utilities			
Child Care			
Food			
Auto (car payment, gas, insurance, maintenance)			
Medical/Dental			
Personal/Misc.			
TOTAL MONTHLY EXPENSES/SUPPORT			XXXXXX
TOTAL ANNUAL EXPENSES/SUPPORT (Total Monthly x12)			XXXXXX

Complete this section based on you and your family's average monthly expenses. If you live with someone who is paying these bills in the home in which you reside, you must list the portion this person pays on your behalf. **For example:** You and your child live with your parent's or a friend. The rent each month is \$400. Three of you live in the apartment. Three divided by \$400 is \$133.34 each \$133. x 2 (you & your child) is \$266. \$266 was paid on your behalf.

2017 MONTHLY INCOME/RESOURCES

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps	\$
Housing Subsidies	\$
Cash Support/Gifts	\$
Money received or paid on your behalf*	\$
Social Security Benefits	\$
Child Support	\$
Alimony	\$
Other (Specify)	\$
TOTAL MONTHLY INCOME	\$
TOTAL ANNUAL INCOME (Total Monthly x 12)	\$

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:

I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

SIGNATURE (student) _____

DATE _____

SIGNATURE (parent) _____

DATE _____