



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

## **2021-2022 LOW INCOME VERIFICATION FORM**

**Student Name** \_\_\_\_\_ **SouthArk ID#** \_\_\_\_\_

So that we can fully understand the student's family's financial situation, please provide information below 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, veteran's non-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:

### **\*2019 MONTHLY EXPENSES**

<b>STUDENT/PARENT LIVING EXPENSES</b>	<b>EXPENSES</b> List the amount per month from Jan.1, 2019 to Dec. 31, 2019 <b>(paid by self &amp;/or others)</b>	<b>SUPPORT RECEIVED</b> List the amount paid by you or on your behalf.	<b>WHO PAID THIS EXPENSE?</b> (Parent, friend, SNAP, HUD, etc.)	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. <b>For example:</b> 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.
Housing (Rent/Mortgage)				
Utilities				
Child Care				
Food				
Auto (car payment, gas, insurance, maintenance)				
Medical/Dental				
Personal/Misc.				
<b>TOTAL MONTHLY EXPENSES/SUPPORT</b>			XXXXXXXXXX	
<b>TOTAL ANNUAL EXPENSES/SUPPORT (Total Monthly x12)</b>			XXXXXXXXXX	

### **\*2019 MONTHLY INCOME/RESOURCES**

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps (SNAP)	\$
Housing Subsidies	\$
Cash Support/Gifts	\$
Social Security Benefits	\$
Child Support Received	\$
Alimony Received	\$
Other (Specify)	\$
<b>TOTAL MONTHLY INCOME</b>	\$
<b>TOTAL ANNUAL INCOME (Total Monthly x 12)</b>	\$

**ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:**

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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** \_\_\_\_\_

**\*Your Income/Resources should be EQUAL TO or MORE THAN your Expenses**