

**2016-2017 LOW INCOME VERIFICATION**

***Dependent/Independent***

\_\_\_\_\_ \_ \_\_\_\_\_ \_

Last Name First Name MI Student ID

The income reported on your 2016-2017 FAFSA appears insufficient to the number of people in your household. Please complete this form to clarify how you and/or your family were able to provide for such needs as housing, food, and utility bills during 2015 so that your financial aid award can be completed.

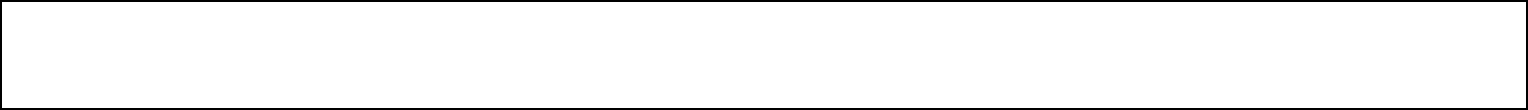
This form will be returned to you if you leave a block blank. If the answer is zero, write ‘0’. Parental information must be included in addition to student’s information for dependent students.

# INCOME/RESOURCES

|  |  |  |
| --- | --- | --- |
| **Student/Spouse** | **List Annual Amounts from January-December 2015** | **Parent(s)/Stepparent(s)** |
|  | Income from work (gross amount) |  |
|  | Unemployment or Disability *(please attach 2015 SSA-1099 for Disability)* |  |
|  | Child Support Received |  |
|  | Disability *(please attach 2015 SSI Benefit Statement)* |  |
|  | Public Assistance |  |
|  | Subsidized Housing Income |  |
|  | Food Stamps |  |
|  | Veteran Non-Educational Benefits |  |
|  | Support from Relatives/Friends |  |
|  | Other Untaxed Income |  |

**EXPENSES**

|  |  |  |
| --- | --- | --- |
| **Student/Spouse** | **List Annual Amounts from January-December 2015** *(If few or no expenses are listed, an explanation is required in the space below.)* | **Parent(s)/Stepparent(s)** |
|  | Rent/Mortgage Payment |  |
|  | Car Payment and Car Insurance |  |
|  | Utilities (Electric, Water, Sewer, etc.) |  |
|  | Groceries |  |
|  | Cell Phone/Cable/Internet |  |
|  | Medical/Vision/Dental Insurance |  |
|  | Childcare Expenses |  |
|  | Other (specify) |  |



Please add any clarifying comments regarding your situation that will assist with the review of your file (Attach a separate sheet if necessary).

**Certification & Signatures** *By signing this information request, I certify that all information is complete and correct.*

*Student Signature Date Parent Signature (REQUIRED for Dependent Students) Date*



**WARNING:** If you purposely give false or misleading information you may be fined, sentenced to jail, or both.