



2010-2011 Verification of Low Income

Please complete the following worksheet so our office can determine how you met expenses throughout the 2009 fiscal year.

Annual Untaxed Income for calendar year 2009

- ✓ Welfare Benefits, TANF, AFDC \$ _____
 - ✓ Social Security Benefits \$ _____
 - ✓ Disability Benefits \$ _____
 - ✓ Child Support \$ _____
- Total Untaxable Income \$ _____**

Annual Untaxed Assistance for calendar year 2009

- ✓ Food Stamps \$ _____
- ✓ Housing Assistance \$ _____
- ✓ Cash from Family and Friends \$ _____
- ✓ In-Kind Support* \$ _____

***In-Kind Support references bills paid for you by someone else or the amount of money you would have to pay if you were not living with another individual or family. You are required to complete the list below with estimated amounts and then transfer the total to the in-kind support line above.**

Support includes:

Rent \$ _____ Cell Phone \$ _____ Household Expenses \$ _____
 Clothing \$ _____ Food \$ _____ Misc. Expenses \$ _____
 Insurance \$ _____ Car \$ _____

Total In-Kind Support \$ _____

My signature denotes that all of the above information is true to the best of my knowledge.

Signature _____ Date _____

Student Name(Print) _____ EMPLID _____