



2009-2010 Dependent Verification of Low Income

Please complete the following worksheet so our office can determine how you met expenses throughout the 2008 fiscal year.

Annual Taxable Income for calendar year 2008

- ✓ Earned income from 2008 W-2 \$ _____
 - ✓ Business Income earned \$ _____
 - ✓ Unemployment Compensation \$ _____
- Total Taxable Income \$ _____**

Annual Untaxed Income for calendar year 2008

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

Annual Untaxed Assistance for calendar year 2008

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

***In-Kind Support provided or paid for you by another individual.**

Support includes:

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

Total Untaxed Assistance \$ _____

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

Signature _____ Date _____

Student Name _____ EMPLID _____