



Financial Aid Office
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 301-687-7074 F

2018-2019 Verification of Low Income

Please complete the following worksheet so the financial aid office can determine how you met expenses throughout the 2016 fiscal year.

Annual Assistance/Untaxed Income for calendar year 2016

- ✓ Welfare Benefits, TANF, AFDC, WIC \$ _____
- ✓ Social Security Benefits \$ _____
- ✓ Food Stamps (SNAP) \$ _____
- ✓ Housing Assistance \$ _____

- ✓ Child Support \$ _____
- ✓ Worker's Compensation \$ _____
- ✓ (CRSC) Combat-related \$ _____

(***In-kind support** references the amount of money you would have to pay if not for utilizing another individual or family's non-cash resources.) You are required to complete the **in-kind support** list below with estimated yearly amounts.

Rent/Housing \$ _____ Household Expenses \$ _____ Food \$ _____
 Clothing \$ _____ Cell Phone \$ _____ Medical \$ _____
 Insurance \$ _____ Car/Transportation \$ _____ Misc. Expenses \$ _____

(***Cash support** is money given to you or bills in **your name** paid for you by someone else.) You are required to complete the **cash support** list below with estimated yearly amounts.

Rent/Housing \$ _____ Household Expenses \$ _____ Food \$ _____
 Clothing \$ _____ Cell Phone \$ _____ Medical \$ _____
 Insurance \$ _____ Car/Transportation \$ _____ Misc. Expenses \$ _____

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

Signature _____ Date _____

Student Name (Print) _____ EMPLID _____