2021-2022 Verification of Low Income

Please complete the following worksheet so the financial aid office can determine how you and your family met expenses throughout the 2019 fiscal year.

(Annual Assistance/Untaxed Income for calendar year 2019)
Please attach 2019 benefit statement if any of the below apply.

- Welfare Benefits, TANF, AFDC, WIC $________
- Social Security Benefits $________
- Food Stamps (SNAP) $________
- Housing Assistance $________
- Child Support $________
- Worker’s Compensation $________
- (CRSC) Combat-related $________

(*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 yearly amounts.

Rent/Housing $________
Clothing $________
Insurance $________

Household Utilities $________
Cell Phone $________
Car/Transportation $________

Food $________
Medical $________
Misc. Expenses $________

(*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 $________
Clothing $________
Insurance $________

Household Utilities $________
Cell Phone $________
Car/Transportation $________

Food $________
Medical $________
Misc. Expenses $________

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

Student Name (Print) ______________________________ FSU ID# ________________________

Student Signature_________________________________________Date______________________

Parent Signature (for dependent students) _____________________________Date_______________