



Financial Aid Office
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2023-2024 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 2021 fiscal year.

(Annual Assistance/Untaxed Income for calendar year 2021)
Please attach 2021 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 \$ _____ Household Utilities \$ _____ Food \$ _____
 Clothing \$ _____ Cell Phone \$ _____ Medical \$ _____
 Insurance \$ _____ Car/Transportation \$ _____ 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 \$ _____ Household Utilities \$ _____ 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.

Student Name (Print) _____ FSU ID# _____

Student Signature _____ Date _____

Parent Signature (for dependent students) _____ Date _____