



Financial Aid Office
101 Braddock Rd
Frostburg, Md. 21532
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301-687-4301 P
301-687-7074 F

2019-2020 Verification of Low Income

Please complete the following worksheet so the financial aid office can determine how you met expenses throughout the 2017 fiscal year.

Annual Assistance/Untaxed Income for calendar year 2017

- 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 estimated yearly amounts.

Rent/Housing \$ Household Expenses \$ 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 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