

2014-2015 LOW INCOME VERIFICATION FORM - STUDENT

	2013 UNTAXED INCOME		2013 LIVING EXPENSES	
DO NOT LEAVE ANY ITEMS BLANK		DO NOT LEAVE ANY ITEMS BLANK	2013 TOTAL	
Please check if anyone in the household rec	eived the following.	<u>Debts</u>		
Free or Reduced Price Lunch	☐ Yes ☐ No	Credit Card Payments Personal Loans	\$ \$	
Public Assistance (TANF)	☐ Yes ☐ No	Food	•	
Rental Assistance (e.g. Section 8)	☐ Yes ☐ No	Dining Out Prepared at Home	\$ \$	
SNAP Benefits (Food Stamps)	☐ Yes ☐ No	Medical		
WIC	☐ Yes ☐ No	Doctor Bills/Prescriptions Dental Bills	\$ \$ \$	
DO NOT LEAVE ANY ITEMS BLANK	2013 TOTAL	Health/Dental Insurance Premiums		
f it does not apply, enter 0 Child Support Received	\$	Rent/ Mortgage	\$	
Family/Friends Cash Assistance	\$	Telecommunications Cell Phone/Home Phone	\$	
Social Security – Type	\$	Internet	\$	
SSI (Supplemental Security Income)	\$	<u>Transportation</u> Gasoline	\$	
Jnemployment Benefits	\$	Auto Payment Auto Insurance	\$ \$ \$	
eterans non-educational benefits	\$	Auto Repair/Maintenance Public Transportation	\$ \$	
Wages	\$	Utilities		
Other Sources	\$	Electricity Gas	\$ \$	
TOTAL 2013 UNTAXED INCOME	\$	Water	\$ \$	
	-	Other Expenses	\$	
		TOTAL 2013 EXPENSES	\$	