

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2018-2019 LOW INCOME VERIFICATION FORM - STUDENT

STUDENT'S NAME _____

STUDENT ID # _____

The income you reported for 2016 appears to be insufficient to support the number of people listed in your household. Please complete this form to clarify how you were able to support your household during 2016; in particular, how you were able to provide for such needs as housing, food, utility bills, and clothing.

| 2016 UNTAXED INCOME | |
|--|--|
| <u>DO NOT LEAVE ANY ITEMS BLANK</u> | |
| <i>Please check if anyone in the household received the following.</i> | |
| Free or Reduced Price Lunch | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Public Assistance (TANF) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rental Assistance (e.g. Section 8) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SNAP Benefits (Food Stamps) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WIC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>DO NOT LEAVE ANY ITEMS BLANK</u> | 2016 TOTAL |
| <i>If it does not apply, enter 0</i> | |
| Child Support Received | \$ _____ |
| Family/Friends Cash Assistance | \$ _____ |
| Social Security – Type _____ | \$ _____ |
| SSI (Supplemental Security Income) | \$ _____ |
| Unemployment Benefits | \$ _____ |
| Veterans non-educational benefits | \$ _____ |
| Wages | \$ _____ |
| Other Sources | \$ _____ |
| TOTAL 2016 UNTAXED INCOME | \$ _____ |

| 2016 LIVING EXPENSES | |
|--|-------------------|
| <u>DO NOT LEAVE ANY ITEMS BLANK</u> | |
| | 2016 TOTAL |
| <u>Debts</u> | |
| Credit Card Payments | \$ _____ |
| Personal Loans | \$ _____ |
| <u>Food</u> | |
| Dining Out | \$ _____ |
| Prepared at Home | \$ _____ |
| <u>Medical</u> | |
| Doctor Bills/Prescriptions | \$ _____ |
| Dental Bills | \$ _____ |
| Health/Dental Insurance Premiums | \$ _____ |
| <u>Rent/ Mortgage</u> | \$ _____ |
| <u>Telecommunications</u> | |
| Cell Phone/Home Phone | \$ _____ |
| Internet | \$ _____ |
| <u>Transportation</u> | |
| Gasoline | \$ _____ |
| Auto Payment | \$ _____ |
| Auto Insurance | \$ _____ |
| Auto Repair/Maintenance | \$ _____ |
| Public Transportation | \$ _____ |
| <u>Utilities</u> | |
| Electricity | \$ _____ |
| Gas | \$ _____ |
| Water | \$ _____ |
| <u>Other Expenses</u> | \$ _____ |
| TOTAL 2016 EXPENSES | \$ _____ |

Check **ALL** boxes that apply to you and attach appropriate letter:

- All STUDENTS** - include a letter explaining your income/expense situation in **2016**.
- If your total 2016 Income (taxable and untaxed) is less than your total 2016 living expenses, please attach a signed letter explaining how the living expenses were paid.
- If your living expenses = 0, please attach a signed letter explaining how you lived with no expenses.
- If a majority of the expenses are in someone else's name, please attach a letter explaining your situation.

I certify that all information reported is complete and correct to the best of my ability and that I have attached the above documentation, if applicable.

STUDENT'S SIGNATURE _____

DATE _____

