



**FINANCIAL AID OFFICE**  
**P.O. Box 7010 • EL DORADO, AR • 71731-7010**  
**(870) 864-7150**

## 2018-2019 VERIFICATION OF LOW INCOME

**Student Name** \_\_\_\_\_ **College ID / SSN#** \_\_\_\_\_

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as Social Security Benefits, SSI Benefits, student aid, federal veterans education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student's name and ID number at the top. **Please itemize your income and expenses below:**

### 2016 MONTHLY EXPENSES

| STUDENT/PARENT LIVING EXPENSES                               | EXPENSES<br>List the amount per month from Jan.1, 2016 to Dec. 31, 2016 (paid by self &/or others) | SUPPORT RECEIVED<br>List the amount per month from Jan. 1, 2016 to Dec. 31, 2016 (paid by self &/or others) | WHO PAID THIS EXPENSE? |
|--|--|---|------------------------|
| Housing (rent/mortgage)                                      | \$   |   |                        |
| Utilities  | \$   |   |                        |
| Child Care*  | \$   |   |                        |
| Food   | \$   |   |                        |
| Auto (car payment, gas, insurance, maintenance)*             | \$   |   |                        |
| Medical/Dental   | \$   |   |                        |
| Personal/Misc.*  | \$   |   |                        |
| <b>TOTAL MONTHLY EXPENSES/SUPPORT</b>                        | \$   |   | XXXXXX                 |
| <b>TOTAL ANNUAL EXPENSES/SUPPORT</b><br>(Total Monthly x 12) | \$   |   | XXXXXX                 |

### 2016 MONTHLY INCOME/RESOURCES

|   |    |
|---|----|
| Wages   | \$ |
| Welfare Benefits                                | \$ |
| AFDC, TEA, TANF                                 | \$ |
| Food Stamps                                     | \$ |
| Housing Subsidies                               | \$ |
| Cash Support/Gifts                              | \$ |
| Money received or paid on your behalf*          | \$ |
| Social Security Benefits                        | \$ |
| Child Support                                   | \$ |
| Alimony   | \$ |
| Other (Specify)                                 | \$ |
| <b>TOTAL MONTHLY INCOME</b>                     | \$ |
| <b>TOTAL ANNUAL INCOME (Total Monthly x 12)</b> | \$ |

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

**SIGNATURE** (student) \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** (parent) \_\_\_\_\_

**DATE** \_\_\_\_\_