

# STUDENT FINANCIAL SERVICES

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## 2015 - 2016 STUDENT/SPOUSE INCOME VERIFICATION FORM

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

You have indicated an unusually low income for your family in 2014. We must verify how you are able to live on this amount. **Please do not leave any blank spaces; if an answer is zero or does not apply, enter "0". We cannot process your application for financial aid until we receive this completed form.**

### SECTION ONE: Student/Spouse yearly income and resources for 2014

Amount (in US dollars)

Income earned from work (Provide W2 form or proof of earnings.)	
Housing, food, or other living allowances for military, clergy, etc. (including cash payments and cash value of benefits)	
Cash received, or any money paid on your behalf, towards living and/or educational expenses. (please specify)	
Child support received	
Other (please specify)	
<b>Total Income 2014</b> (If total is "0" or negative, please attach a written explanation.)	<b>A</b>

### SECTION TWO: Student/Spouse monthly living expenses for 2014

Amount (in US dollars)

Rent/Mortgage	
Utilities (heat, electricity, water, phone, etc.)	
Food (do not include SNAP (formally known as Food Stamps))	
Transportation (gas, car insurance, etc.)	
Insurance (medical, life, etc.) Please specify type and amount.	
Other (please specify: car loan, credit card, and other payments)	
<b>Total Monthly Expenses 2014</b>	<b>B</b>
<b>Total Yearly Expenses (B x 12 months = C)</b>	<b>C</b>
<b>Total 2014 Excess Funds or Debt (A – C = D)</b>	<b>D*</b>

\* If the amount in D is "0" or negative, please provide an explanation on the reverse side of this form indicating how you are making payments on the expenses above which are not covered by your income listed on this form. This discrepancy must be clarified before we can proceed with the financial aid process. If you do not provide an explanation, this form will be considered incomplete.

By signing this verification statement, I attest that all information reported on this form is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.**

Student Signature

Date

Phone

Email