



100 Grant Street, De Pere, WI 54115-2099 • www.snc.edu

2018 – 2019 Low Income Verification Form

A review of your 2018 – 2019 Free Application for Federal Student Aid (FAFSA) indicates that you and/or your family had low income relative to your family size. Therefore, additional information is required before the Office of Financial Aid can determine your eligibility for student aid.

Student Name _____

Student ID Number _____

2016 Untaxed Income	Total Amount for 2016
MEDICAID/SSI (SUPPLEMENTAL SECURITY INCOME)	\$
SNAP BENEFITS (FOOD STAMPS)	\$
FREE OR REDUCED LUNCH	Yes No
PUBLIC ASSISTANCE (TANF)	\$
WIC	Yes No
SOCIAL SECURITY BENEFITS	\$
RENTAL ASSISTANCE	\$
CHILD SUPPORT RECEIVED	\$
FAMILY/FRIENDS	\$
OTHER SOURCE(S) (disability, clergy, non-educational veteran benefits. Please specify)	\$
TOTAL 2016 UNTAXED INCOME	\$

2016 Expenses	Total Amount for 2016
HOUSING (rent, mortgage)	\$
UTILITIES (gas, electric, water)	\$
PHONE(S)	\$
AUTO (car payments, insurance, maintenance, gas)	\$
FOOD	\$
OTHER PERSONAL EXPENSES (clothing, entertainment, cable, other)	\$
TOTAL 2016 LIVING EXPENSES	\$

Check all boxes that apply to you and attach appropriate letter:

- 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 attached 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.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Signature

Date

Parent's Signature

Date