

2021-2022 Low Income Verification Worksheet

The income reported on your Free Application for Federal Student Aid (FAFSA) does not appear to be significant to meet your basic living expenses (i.e. housing, utilities, etc.). You may have additional resources (other than earnings from employment) that should have been included on your FAFSA form allowing you to meet your living expenses.

This information is being completed for (*select ONE*): Yourself [] Your Parent []

Section A: Student's Information – *To be completed by the student*

Student Last Name	First Name	Middle Initial	Student ID
Street Address	City	State	Zip
			Home/Cell Phone Number

Section B: Average Monthly Income in 2019

Please complete section B using 2019 calendar year information. For section B, please list the average monthly income in 2019 for you and your spouse (if married) or for your parent (if you are a dependent student). If you are unsure of exact amounts, please use estimates.

Wages from ALL jobs	\$ _____ Monthly
Benefits	\$ _____ Monthly
Unemployment compensation	\$ _____ Monthly
Child support/Alimony	\$ _____ Monthly
Retirement/Social Security	\$ _____ Monthly
Cash gifts or personal loans	\$ _____ Monthly
Other	\$ _____ Monthly
Total Monthly Income	\$ _____

Average Monthly Living Expenses in 2019

Please list your average monthly living expenses for 2019, even if those expenses were not paid by you. If you are unsure of exact amounts, please use estimates. Include totals for all family members.

Rent or Mortgage	\$ _____ Monthly
Utilities (Phone, electric, gas)	\$ _____ Monthly
Insurance (Home, Auto, Other)	\$ _____ Monthly
Food	\$ _____ Monthly
Transportation	\$ _____ Monthly
Healthcare	\$ _____ Monthly
Other	\$ _____ Monthly
Total Monthly Expenses	\$ _____

Section C: Please explain any other financial support you receive. This includes in kind benefits such as housing, food, etc. Also, if your expenses are greater than your income in Section B, please provide clarification here.

Section D: Certification and Signature

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

To provide your signature, please print out the form, sign, and return back to the Office of Financial Aid. You may return this document by scanning it and sending it back to our Office of Financial Aid email at finaid@ndnu.edu

If you are unable to scan the document, please mail the form to the Office of Financial Aid at 1500 Ralston Ave., Belmont, CA 94002 or fax it to us at 650-508-3635.

Student's Signature (required)

Date

Parent's Signature (dependent students only)

Date