



2018-2019 Verification Low Income Form

Student's Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____

Information is to be provided by (check one):

_____ Independent Student (and spouse, if married) _____ Parent(s) of Dependent Student

For 2016 you reported you received no income, or a low income, on your FAFSA. We are required to determine how you were able to meet normal living expenses and the source of income to meet those costs. Please report your current annual income information.

Failure to complete all three sections of this form and provide reasonable explanations will delay or prevent processing of your request for aid.

Section I. BUDGET COST:

Item	2016 Cost or Value (Annual Expense)
Housing/Shelter Rent	\$ _____
Food	\$ _____
Utilities	\$ _____
Phone Expense	\$ _____
Transportation (car payment, buss pass, gas)	\$ _____
Car Insurance	\$ _____
Clothing	\$ _____
Hygiene Products	\$ _____
Entertainment (cable, movies, eating out, etc...)	\$ _____
Medical/Dental Bills	\$ _____
Health Insurance	\$ _____
Child Care	\$ _____
Other Bills (credit card, etc...)	\$ _____
Annual Total of Above Items	\$ _____

Additional Remarks: _____

Section II. INCOME: List all income received in 2016. Report annual amounts.

- Earnings from all jobs including cash income. (If none, enter "0") _____
- Unemployment Compensation (If none, enter "0") _____
- Withdrawals from savings accounts, retirement plans, etc. (If none, enter "0") _____
- Sale of any property, stocks, bonds, etc. (If none, enter "0") _____
- Welfare or any other government assistance program (If none, enter "0") _____
- Social Security benefits (If none, enter "0") _____
- Child support received (If none, enter "0") _____
- Alimony/Palimony received (If none, enter "0") _____
- Student financial aid (If none, enter "0") _____
- Cash received from family, friends, etc. (If none, enter "0") _____
- Benefits paid on your behalf (insurance, rent, car, medical, etc. - If none, enter "0") _____

Total Income: _____

If the total of Section II "Income" is less than the total of Section I "Budget Cost," then please provide a brief explanation.

Section III. ADDITIONAL INFORMATION:

1) Indicate where, when, and with whom you lived during the calendar year 2016. If you lived in more than one location, please list all.

Where: (address)	With Whom:	Dates:

2) Please list any other people in your household that depend on your support. Include their relationship to you.

Name:	Age	Relationship

Section IV. CERTIFICATION:

I understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

I certify that all information provided on this form is complete and accurate. I understand that the Office of Financial Aid may request additional documentation to verify the above information.

Note: If you are a married student, both you and your spouse must sign this form. If you are a parent, both you and your dependent student.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Return this completed form to:
Office of Financial Aid – Criswell College – 4010 Gaston Avenue - Dallas, TX 75246