

Income Verification Form

Your student aid report indicates that you/your parent did not file taxes. Listed below are necessary living expenses. We need to verify how your family met these monthly expenses. Please complete the following statements, sign, and return to the financial aid office.

Student Information

Student Name:	Date of Birth:
Student ID:	Student Phone Number:
Student Email:	
Student Address:	

Enter the AVERAGE MONTHLY amounts received during the 2017 calendar year. If the answer is NONE or negative, please enter "0"

Living Expense	Source	Amount	Untaxable Income	Amount
Rent		\$	Employment <i>(Please specify below)</i>	\$
Food		\$	1.	\$
Car payment		\$	2.	\$
Car Insurance		\$	3.	\$
Gasoline		\$	Taxed Social Security Benefits	\$
Phone (home or cell)		\$	Untaxed Social Security Benefits	\$
Medical		\$	TANF/ADC/AFDC	\$
Child Care		\$	Veteran's Benefits	\$
Personal Items		\$	Gifts from Family	\$
Other <i>(Please Specify)</i>		\$	Cash Received	\$
			Bills paid on your behalf	\$
			Retirement Benefits	\$
			Workers Compensation	\$
			Other <i>(Please Specify)</i>	\$

Agreement and Understanding

By signing this income verification form, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form.
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Typed, copied, or electronic signatures will not be accepted.

Student Signature:	Date:
Parent Signature (Dependents Only):	Date:

For more information visit: www.southernwv.edu

#FINDYOURDIRECTION