

Verification of Support and Other Income/Benefits for 2022-2023

Student Name: _____ W# _____

- Statement is for student.
 Statement is for partner’s spouse.
 Statement is for student’s parents.
1. I lived with my parents and did not have to pay my own living expenses.
 2020 2021
 2. I lived with someone (not parents) and did not have to pay my own living expenses.
 2020 2021
 3. Indicate below whether or not you received income and/or benefits from the following sources for 2020/2021.

MONTHLY AMOUNTS	DESCRIPTION	MONTHLY AMOUNTS (Do not leave any fields blank, even if the amount is \$0)			
		Student / Partner	Parent		
INCOME (for the year 2020)	Wages from ALL jobs	\$	\$		
	Disability Insurance	\$	\$		
	Unemployment	\$	\$		
	Pension/retirement	\$	\$		
	Child Support Received	\$	\$		
	Worker’s Compensation	\$	\$		
	Other please specify: _____	\$	\$		
BENEFITS (for the years 2020 or 2021)	SSI/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	SNAP (food stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Free or reduced priced lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Expenses	2020	2021	Monthly Expenses	2020	2021
Rent/ Mortgage	\$	\$	Utilities	\$	\$
Food	\$	\$	Clothing	\$	\$
Phone	\$	\$	Car payment/lease	\$	\$
Medical/Dental	\$	\$	Car Insurance	\$	\$

If assistance is received from friends and/or family that helps cover your monthly expenses, please provide a brief explanation below. **If you do not receive additional assistance, please explain how you support yourself / family.**

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

By signing this worksheet, I certify that all of the information provided on this worksheet is complete and correct.

Student Signature: _____ Date: _____

Partner/Parent Signature: _____ Date: _____