

## Verification of Support and Other Income/Benefits for 2024-2025

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.       2022       2023
  2. I lived with someone (not parents) and did not have to pay my own living expenses.       2022       2023
  3. Indicate below whether or not you received income and/or benefits from the following sources for 2022/2023.

MONTHLY AMOUNTS	DESCRIPTION	MONTHLY AMOUNTS			
		(Do not leave any fields blank, even if the amount is \$0)			
		Student / Partner	Parent		
<b>INCOME</b> (for the year 2022)	Wages from <b>ALL</b> jobs	\$	\$		
	Disability Insurance	\$	\$		
	Unemployment	\$	\$		
	Pension/retirement	\$	\$		
	Child Support Received	\$	\$		
	Worker’s Compensation	\$	\$		
	Other please specify: _____	\$	\$		
<b>BENEFITS</b> (for the years 2022 or 2023)	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	2022	2023	Monthly Expenses	2022	2023
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: \_\_\_\_\_