

# 2016-2017 Low Income Statement

## Dependent Student

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

### A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Eastern ID Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

**Parent's Information to Be Verified--** The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2015. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. **\*If a section is zero, please write \$0.**

- Complete this section to determine the correct annual amount for each item paid in 2015. If you paid the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

Annual Living Expenses for 2015	Student	Parents	Source
Home Mortgage or Rent	\$	\$	
Utilities	\$	\$	
Food and Clothing	\$	\$	
Educational/Tuition Payments	\$	\$	
Transportation, Auto Payments, and Gas	\$	\$	
Medical, Personal, Other (please specify)	\$	\$	
<b>Total Annual Expenses</b>	<b>\$</b>	<b>\$</b>	

Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

2. Complete this section to determine the correct annual amount for each item received in 2015. If you received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month

Annual Living Income for 2015	Student	Parent	Source
Income Earned from Work	\$	\$	
Child Support Received for all Children	\$	\$	
Alimony Payments Received	\$	\$	
Public Assistance, Section 8, AFDC, or SNAP	\$	\$	
Social Security Income (SSI)	\$	\$	
Veteran's Non-Educational Benefits	\$	\$	
Unemployment Compensation	\$	\$	
Disability Benefits	\$	\$	
Pension or Retirement Distributions	\$	\$	
Workers' Compensation Benefits	\$	\$	
Loans, Bills paid on your behalf, Financial support from others, Gifts or Cash support From others* (please specify)	\$	\$	
Housing/Food or Other Living Allowances (military, clergy, teachers) etc.	\$	\$	
Money paid or received on the Applicants behalf	\$	\$	
Other (please specify)	\$	\$	
<b>Total Annual Income</b>	<b>\$</b>	<b>\$</b>	

\* Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2015.

As certified by the signatures below, all the information provided by myself and /or others is true and complete to the best of my (our) knowledge. I understand the Financial Aid Office my request additional documentation to verify the above information. **Note: As a dependent student you and a parent must sign this form.**

**B. Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

**The student and one parent must sign and date.**

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid Verification Officer at Eastern Oklahoma State College. You should make a copy of this worksheet for your records.**