

2016-2017 Low Income Statement Independent 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 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 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. Independent Student's Information

| | | | |
|---|----------------------|----------------|--|
| Student's Last Name | Student's First Name | Student's M.I. | Eastern Student 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 |

Independent Student 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 (and spouse) | Source |
|---|----------------------|--------|
| Home Mortgage or Rent | \$ | |
| Utilities | \$ | |
| Food and Clothing | \$ | |
| Educational/Tuition Payments | \$ | |
| Transportation, Auto Payments, and Gas | \$ | |
| Medical, Personal, Other (please specify) | \$ | |
| | | |
| | | |
| Total Annual Expenses | \$ | |

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 (and spouse) | 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 applicants behalf | \$ | |
| Other (please specify) | \$ | |
| | | |
| Total Annual Income | \$ | |

* 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.

B. Certification and Signatures

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

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 (required)

Date

Spouse's Signature (optional)

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.