



**Low Income Verification for 2015 (Student)**

Student's Name: \_\_\_\_\_ BAC ID #: \_\_\_\_\_

Please fill out this form and submit it to the Financial Aid Office. **Do not leave any lines blank. Enter a zero (\$0) as the value, if applicable.** Once completed and signed, please submit this form to the Financial Aid Office via mail, fax, or email.

This form is **requesting monthly totals for 2015**. If you worked for less than 12 months, use your annual 2015 earnings and divide by 12 months to come up with the monthly total.

**EXPENSE (MONTHLY) in 2015**

Rent/Mortgage	\$ _____
Utility Costs (i.e., gas, electricity, phone)	\$ _____
Food/ Personal/ Supplies Expenses	\$ _____
Transportation	\$ _____
Credit Card Payments	\$ _____
<b>TOTAL</b>	\$ _____

**INCOME in 2015**

Monthly Income from Work	\$ _____
Untaxed Income (i.e., SSI, SSDI, Food Stamps, TANF)	\$ _____
Type of benefit: _____	
Cash Money Received; from whom: _____	\$ _____
Bills paid on your behalf; by whom: _____	\$ _____
<b>TOTAL</b>	\$ _____

**If total expense is more than total income, please explain how you met the gap.**

**Certification and Signature**

The person signing below certifies that all of the information reported is complete and correct.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_